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ORIGINAL ARTICLES.

THE RATIONAL TREATMENT OF WOUNDS, SURGICAL AND ACCIDENTAL.

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III.

CLEANLINESS.

The object to be attained in the treatment of wounds is a simple one, and the means of obtaining that object are few and simple. But, simple as the object is, it must be the constant aim of our endeavors; and simple as the means are, they should be thoroughly carried out.

The aim of which I speak is union of the broken tissues, in the best manner and in the shortest time.

If it be an accepted fact that union by the first intention is the best result to be sought, and if it be also a fact that wounds will, under certain favorable circumstances, unite in that ready manner, then must we formulate as the first conservative dogma in the treatment of wounds, "All wounds should unite by the first intention."

Of the exceptional wounds, where this is impossible, I shall not speak at present. That the most severe wounds may be made to unite readily is to-day a well established fact.

Prof. Esmarch writes from Kiel:

"Most of our large operation-wounds, such as amputation of the thigh, extirpation of the mamma, with clearing out of the axilla, the extirpation of glandular masses from the neck, etc., heal by the first intention without a trace of suppuration." The same thing happens with us every day. The severest wounds, surgical or accidental, heal by the first intention, if only the means are provided to that end.

That these means are few and simple I have already said. I think they may be reduced to three. Cleanliness—Coaptation—Rest. Whatever does not favor one or more of these three elements is useless, for it cannot favor the healing. Whatever counteracts any of them is injurious, for it interferes with the healing.

By cleanliness we mean the removal from the wound and its vicinity of whatever does not constitute an inherent part of it. Foreign bodies, extravasated blood, secretions.

The removal of foreign bodies seems too obvious a matter to be dwelt upon, but as there are several conservative points involved in the question, I may be allowed to do so.

Foreign bodies should be removed when they are present; if they are not visible it is unjustifiable to make any attempts at removing them. This sounds like a truism, the meaning of which is this, that if a wound looks clean there is no good to be accomplished by washing it and playing a stream of water on it, while considerable harm may be done thereby. Much organizable plasma may be washed away from the tissues,

which may be thus impoverished to the extent of having to cast a superficial slough.

Capillary hemorrhage may be started by washing off the minute thrombi that may have just begun to form, or water may be forced into recesses where it may remain, and itself act like a foreign body.

If foreign bodies are large they may be picked up and removed with forceps.

Occasionally a splinter of wood, a stone, bullet or other body may be so firmly imbedded in the tissues as to require the use of cutting instruments to remove it. In such cases the cutting is unavoidable, and should be unhesitatingly done. But under no circumstances should cutting be resorted to, to search for a bullet that is out of reach, and the position of which has escaped reasonable exploration.

If foreign bodies are small, like sand, they may be brushed off with a camel's-hair brush.

When water must be used, a gentle sop is preferable to a stream, which should only be used to wash out unhealthy or suppurating cavities.

We may here state that we do not consider as foreign bodies what many surgeons are too eager to remove as such—that is, partially severed or crushed tissues, flaps of skin or muscle, pieces of bone, etc. Under no circumstances should they be removed unless entirely separated, and even then, if the piece is of importance, an attempt should be made at reviving it by carefully replacing it.

The practice of trimming a wound, as it were, as recommended by Chisholm, and of tearing or cutting off pieces of bone whose attachments to the soft parts are firm, though they may be detached from the main bone, cannot be too emphatically condemned. These pieces of tissue, whether soft or bony, if they be alive, will unite with the rest, and if they be dead, will be digested and absorbed.

During the recent debate on the antiseptic method, Mr. Lister said that he had given evidence to show that dead tissue, if protected from putrefaction, may be absorbed, and that even a large piece of dead bone may disappear altogether.

Of course, if pieces of tissue are known to be dead from the beginning, they should by all means be dealt with as foreign bodies, and removed.

Tantamount to the removal of substances foreign to the wound, is the avoidance of their introduction into the wound. It follows therefore, that as alcohols and oils, ointments and poultices, do not constitute an inherent part of the human tissues they must be sedulously avoided; they can only act as foreign bodies and retard union.

I make no exception in this respect in favor of carbolic acid either in the form of spray or lotion. Whatever other indications it may fill, and whatever may be its usefulness with regard to unhealthy, decomposing or dead tissues, in healthy wounds it can do no good and can only act as a foreign body.

The removal of blood refers not only to the arrest of that which is actually flowing, and the removal of the

clots and exudations in and around the wound, but also to the prevention of any recurrence, even in the smallest quantity.

In a conservative sense, the arrest of hemorrhage should be accomplished in a manner that will favor the subsequent treatment of the wound by the most conservative method, that is with a view to rapid union.

All methods that involve death or sloughing of portions of tissue must be avoided, as well as those that require the leaving in the wound of foreign substances that may irritate or induce decomposition.

Capillary or parenchymatous hemorrhage may best be arrested by the use of very cold water, 32° Fahrenheit, or of very warm water, 120°, applied by means of cloths, not by irrigation. Both extremes of temperature act in the same manner, by exciting the vaso motor nerves, whose action causes immediate contraction of the vessels. To apply water at 160°, as Hunter recommends, with the object of coagulating the albumen in the blood, is not only unnecessary but highly prejudicial.

Small arteries and veins—for I think it is as essential to quickly arrest venous as arterial hemorrhage—may be secured by torsion. This should be carried out to the extent of breaking off the piece that is grasped by the forceps. By this means there is no piece of crushed tissue left in the wound.

Larger vessels must be ligated or stopped by acupressure, and both the cardiac and distal ends must be secured if necessary.

In arresting hemorrhage from several simultaneously bleeding vessels by the ligature, all the bleeding vessels should be caught with forceps in rapid succession, before attempting to place the ligature on any one, for while ligating the first, loss of blood would take place from the others, to an unnecessary extent. It is obvious, therefore, that a large number of forceps should be on hand. I have very rarely seen a capital operation performed where I thought there were a sufficient number of artery forceps. In an amputation of the thigh, I do not consider eighteen or twenty too many. There may be times when twelve or more of them may be hanging from as many vessels at the same time, while it is not unusual to be obliged to discard one or two, for want of prehensile power, or other defect.

The only ligature which I think answers the purpose of the conservative system, is the animal ligature, as it is the only one which, when once properly applied, needs no further interference—it fulfils its mission, then is digested by the living tissues and disappears.

It is essential that it should be well prepared, or it is worse than useless. For this reason I would advise every surgeon to prepare his own and not trust the word of any dealer for the degree of care with which the ligature may have been prepared. This may seem like a sweeping condemnation, but the degree of adulteration and misrepresentation encountered in the trades, justifies the professional man in refusing to hazard his patient's well-being and his own reputation on an issue of facts which are as notorious as they are lamentable.

The materials from which animal ligatures are made are many, and new ones are being introduced every day. The most common are the so-called cat-gut, from the small intestines of the sheep, and strings, made from the tendons of the ox, moose and caribou, the whale, the tail of the kangaroo, and the tail of the southern fox squirrel, but the first of these is by far the most reliable. To prepare them for use they should either be carbolized or chromized. Carbolized gut is prepared by steeping it for six months in an emulsion of

Water	1 part
Pure carbolie acid crystals	10 parts
Olive oil	50 parts

First dissolve the crystals with the water by the aid of gentle heat, then add the oil, shaking thoroughly.

After steeping in this mixture for the period of time already mentioned, the strings become firm, translucent,

do not slip when tied and are rendered aseptic—that is, proof against the possibility of decaying, and acting as nid of infection. They should be kept for use in five per cent. carbolized oil, and should be well tested for tension and torsion, before using. If their tensile strength, when knotted, is below two and one-half pounds, or if they slip when tied into a knot, they should be rejected.

To test the tensile power of a ligature, it should be tied to the hook of a spring steelyard; a knot tied in the centre of it, and the free end pulled until the index marks two and a half pounds; if it resist that strain it may be safely used.

The knot may be tested by rubbing between the fingers; if this loosens it, it is not fit for surgical purposes.

The only drawback to the universal use of carbolized gut is that it may be digested before it has had time to accomplish its object. When a ligature is desired that shall remain firm for over three days, chromized gut should be used. This is prepared in the following manner:

Take sound cat-gut strings and steep for one month in a solution of—

Chromic acid	1 part
Water	5 parts
Glycerine	50 parts

And keep for use in a one to five solution of carbolie acid and glycerine. They should be tested for tension and torsion in the same manner as the carbolized gut.

Animal ligatures are used in the following manner:

If the vessel can be well drawn out, the ligature is passed around it, tied with a surgeon's knot, and both ends cut a quarter of an inch long.

If the vessel cannot be drawn out, as is apt to happen with veins, a curved needle, armed with the ligature, is passed into the tissues around the vessel and all tied, *en masse*. Or a curved needle is thrust into the tissues at right angles with the bleeding vessel, and a ligature passed under the needle and tied. The cat-gut thus applied produces no necrosis of the enclosed tissues, and, in the course of three or four days, disappears. Cat-gut may also be used for plugging the nutrient artery of a bone.

Next to the animal ligature, acupressure with gold needles long enough to have their button heads well out of the wound, so that they may be removed on the second day without disturbing the dressing, is the best means of securing large vessels.

Carbolized silk, of the kind called Chinese twist, may be used in default of the two methods before mentioned. The twist should be boiled for two or three hours in a five per cent. carbolie solution, and if not to be used at once, kept in a similar fluid.

A ligature of this kind may be cut short and left in a wound without danger, though it is by no means as readily disposed of as cat-gut.

The removal of secretions and exudations demands a consideration of the subject of drainage, which may justly be held as one of the most conservative measures that modern surgery may boast of.

I do not mean the drainage of Chassaignac, which was intended to carry away already existing accumulations of pus, but a preventive system of drainage intended to forestall the accumulation of fluids of any kind, which, if allowed to remain, produce pain, irritation, tension, and interfere with the process of healing; while if they decompose in the wound, they render the patient liable to the most dangerous consequences.

Drainage is of most importance during the first days, and in deep, extensive and irregular wounds. The greater the amount of injured tissue the greater will be the amount of after exudation and the greater the necessity of providing means for its easy removal.

Drainage is accomplished by means of tubes made of bone, ivory, rubber or metal; or it may be carried on by capillary attraction with bundles of horse-hair, cat-gut, silk, etc.

They should be large rather than small, short rather than long, and numerous rather than sparse. They must not be pressed upon, nor should they be bent into elbows. If they become stopped up, they should be removed, washed out and replaced.

When their use is required for a long time, they must be periodically changed for smaller and shorter ones, or partially drawn and pared off.

The time for their removal depends on the amount of secretion. Two or three days generally, four or five days at the utmost, suffices. After this time the channel in which the drain lies becomes lined with plastic matter and will remain open for two or three days after its removal. Where many drains have been necessary, their removal should be gradual and at intervals. The ones leading into cavities or tortuous channels being the last ones to be removed.

Under no circumstances should a drainage tube be allowed to remain long enough to act as a foreign body and produce irritation.

Drainage tubes vary in circumference from that of the little finger to that of a small quill, and in length from one to six, or more inches. Their sides should be perforated with oval openings, whose width should correspond to one-third their circumference. The ends should be fastened to the skin, that they may not slip into the wound, and they should, under ordinary circumstances, be cut off flush with the surface, as any projecting part would be pressed upon by the dressing and the other extremity made to prick and irritate the wound.

In exceptional cases, drainage tubes may be passed from one side of the wound to the other, and the ends either cut short, as stated before, or the ends may be carried through holes in the dressing, or under the dressing, to the outside. In the latter case—that is, if the drainage tube is made to extend beyond the surface of the wound—it should be provided with side openings only in that portion that is inside the wound. Drainage tubes placed in this manner may be used for the purpose of syringing out the wound cavity if it become necessary.

As far as the material of the drainage tube is concerned, I think that the decalcified bone drains, recently introduced by Dr. Neuber, of Kiel, deserve preference to all others. They stand in the same relation to the old rubber or silver tube that the cat-gut ligature does to silk and wire. For just as cat-gut disappears after having sealed a bleeding vessel, so does decalcified bone become digested and absorbed after having served its purpose as a drain. The wound does not have to be disturbed to remove the drainage tube, time is saved and pain avoided.

These drains are easily prepared. Tubes made of ox or horse bone, or better still of ivory, are soaked for ten hours in a mixture of one part hydrochloric acid and two parts of water. They are then washed in a five per cent. watery solution of carbolic acid, and kept for use in ten per cent. carbolic oil.

Rubber drains answer all ordinary purposes, however, though they must be watched carefully and removed as before stated.

When it is possible to bring all parts of a wound into good apposition, and we have consequently no reason to anticipate much discharge, capillary drainage is all that is required.

For this purpose a bundle of horse hair, consisting of five, ten, or more hairs, is doubled in half, so as to round off one end, and a single hair is wound around the bundle to keep it together.

The looped end is introduced in the wound and the other end cut off the desired length. It may be gradually removed by pulling out one or two hairs at a time.

Horse hair should be prepared for use by washing in aqua ammonia, to remove all grease, and kept in a five per cent. carbolic solution.

A bundle of cat-gut strings or carbolized silk may be used as drains. The former do not need to be removed;

they become absorbed. The latter should be removed on the second or third day at the latest.

Angler's gut prepared in the same manner as cat-gut, is also serviceable as a capillary drain and is readily absorbed.

LATERAL CURVATURES.

By GEO. H. TAYLOR, M.D., NEW YORK.

It has been shown (see Nov. No. of TIMES) that whenever muscular power is diminished, by reason of chronic deterioration of health, it is inclined to flow through fewer channels, and that habits of using chiefly certain favored parts are thus formed, which become exceedingly persistent. Exterior resistance remaining the same, the necessity arises for concentrating muscular power to overcome it, and in this way muscular purposes are gained with actually diminished power. The least occasion will summons the energy of the whole system to a focus, in the favored or chosen muscles. Usually, these are of the right side. The muscles of the right side consequently preserve their strength by use, while those of the left suffer corresponding deprivation of use and therefore of nutritive support. In the typical case, the *right side* assumes physiological prominence in all voluntary activities, whether of work or recreation, while the *left* is unconsciously dragged after it.

Let us, for illustration, take the case of the school-girl—the most common one in actual life belonging to the class now under discussion. She becomes weakened by the conjoint operation of causes to be further explained. She sits at her desk or table leaning upon the right elbow, or resting against some support with the right shoulder. This position mechanically pulls up the ribs of the right side so that they make a more obtuse angle with the spine, thereby increasing the space they enclose. This causes expansion of the lungs of that side and diminishes the capacity of the other side of the chest to a corresponding degree. The muscular coverings of the chest are put into increased action and become more developed; and those of the other side diminish in action, therefore in size and power. The dorsal portion of the spine is drawn away from the perpendicular by the action of the muscles for which it forms the base of attachment. The opposing muscles of the left side are too weak to oppose an effectual obstacle to the effect of the greater action of those of the right side; and a dorsal curve with convexity to the right, is the infallible consequence.

Another mechanical condition usually co-operates with that described. This weakened subject will, for the same reason, instinctively perform as much as possible of the muscular work of standing, sitting, walking, etc., with the *right* limb. Resting on the right leg, the horizontal transverse diameter of the pelvis is necessarily tilted upward at the right side; sitting and resting on the right hip, the same effect is produced. The school-girl often exaggerates the effect, by placing the left foot under the right hip, which still more increases the inclination of the transverse diameter of the pelvis.

The consequence of excess of use of the right side is to raise the right hip and produce permanent obliquity of the transverse diameter of the pelvis. This throws the spine, which is at right angles to the pelvic diameter, to the left; but to preserve the centre of gravity within the base in the standing and sitting position, the line of the spine curves back, and beyond the perpendicular, thus making a large curve immediately above the hips whose convexity is to the *left*. This produces a corresponding concavity over the right hip, and gives an appearance of exaggerated size to the hip thus exposed, while the opposite one is partly concealed by the convexity. It will be seen that the curved lines of the upper and lower portions of the spine meet each other, and that the mechanical effect of excessive use, nutrition and development of the right side, is to produce a *double* curve of the spine.

While this is essentially the form of a large majority of spinal curves, especially in the case of girls, there are individual peculiarities, idiosyncrasies and habits which may cause this form to widely deviate from the typical. The usual result of these interferences is to cause one of the curves to greatly exceed the other, in some instances to altogether obliterate it; resulting in a single, in place of a double curve. The most influential of the causes of deviation from the typical form, are intercurrent attacks of acute disease. When this occurs, there is always great probability of spinal and local exaggeration of the causes described, producing such extreme local consequences as to obscure, possibly to reverse, the regular development of the effect that has been portrayed.

The reason for the frequently demonstrated utter insufficiency of mechanical supports for correcting lateral deformities of the spine, may now be easily understood. The cause consists, plainly, of insufficient action, and therefore of development of antagonizing muscles. There cannot be, in the nature of things, any mechanical contrivance to be worn by the patient that can produce the least effect toward developing the deficient muscles or increasing their power. While the convexities may temporarily be mechanically forced toward the central line, there is not the least power conferred of maintaining the position. The shrunken muscles remain shrunken, because the power as well as the incentive to action is repressed by the apparatus, and the unsymmetrical development remains uncorrected. The original cause of the affection is not in the least degree mitigated, while the effect is only concealed, not removed.

The injury always produced by mechanical supports becomes apparent only when too late to correct it. It proceeds from these causes. In so far as the mechanical support is a substitute for deficient muscles, it prohibits their use and consequent development. The original proximate cause, deficient support by the muscles of one side, is consequently increased to its fullest possible extent. But the mechanical effect of obliterating the spinal curves, by continuous pressure upon the convexities, so confines the muscles thus included as not only prevent their free use, but the free circulation of the blood through them and thus doubly interfering with their nutritive support, and probably renders such support impossible. These have become shrivelled and contracted as the consequence of loss of activity; and curvature would necessarily follow, if it did not already exist.

While the instrument *conceals* these effects (muscular debility and atrophy from non-use and impeded nutritive support) the unreasoning observer continues to be deceived as to the real consequences of the mechanical method of treatment; but time is certain to make large additions to the original deformity, and a realizing sense of the principles upon which treatment should be applied, will follow too late for practical benefit.

But the local restraint of muscular action and development is but a small part of the evil effects of substituting mechanical for natural or muscular support. These effects extend through all the physiological channels.

The pressure and counter-pressure used to correct spinal curves are not applied, be it remembered, to the spinal column, whose form it is intended to correct; but to the walls of the trunk, of which the spinal column forms but an insignificant portion. The primary effect is therefore exerted on these walls, while the spinal column cannot yield to any such influence except through the intermediary trunk walls, and under very great compression of opposite sides, at different elevations.

This pressure is applied to the chest and abdominal walls. The function of the chest-walls is the constant rhythmic motion of respiration. To narrow the chest is to diminish the capacity of the lungs; to impede its motion is to restrict respiration. The wearer of mechanical supports is, necessarily, a constant sufferer from deficient respiration, deficient temperature, and accumulated, eliminable waste of vital processes; and of course

in perpetual need of medication to counteract, however transiently, these results.

The digestive organs have motions peculiar to themselves, quite necessary to their processes. These motions depend largely on the incentive communicated to them from the respiratory apparatus, and of course must suffer from any deficiency of the latter.

A necessary consequence of restricted respiration is, therefore, impaired digestion, manifesting itself in all the ways peculiar to the process. Since the primary cause is outside the digestive organs, and since this cause is persistent, such digestive difficulties are not amenable to ordinary remedies, and can be removed only by the radical and absolute remedy of removing the cause.

The anatomical and physiological adaptation of the spine to the function of flexibility has been referred to. It is the exercise of this function by frequent bending in any and all directions, that not only maintains the great flexibility and elasticity which is its peculiarity, but also secures its nutritive support. The blood channels in the dense structures composing the spine, are deprived, mainly, of their contractile walls. Indeed, such walls become unnecessary because the alternations of pressure of the interior parts of these structures, due to the constantly changing position of the body, become a complete substitute for contraction. Wherever the pressure of the superincumbent weight, with the added muscular strain is greatest, there the fluids are urged along their course, in fact, squeezed out; the relaxation of such pressure, due to simply bending the spine in any other direction, allows the blood to flow in. In this way the proper nutrition and support of the vertebrae and its cartilages are maintained through life.

What must happen when the flexibility of the spine is deliberately prevented by mechanical obstacles cunningly designed for that purpose, is readily seen. Nutritive material is deprived of both ingress and egress; the vertebral substance becomes hyperæmic—surcharged not only with blood, but also eliminatory material, the retention of which is certain to work local injury. Other than vital forces become dominant; gravitation, altered shape in conformity to physical force is the result.

The further development of the curvature brings no change of direction but an intensification of the effects. The more spongy vertebrae yield more completely to superincumbent weight; the curves become shorter and more prominent, and resemble the angular variety; the trunk twists upon its axis, from the instinct of the patient to rest upon the yielding support, and the fate of the spine becomes irretrievably fixed.

Meantime the physiological processes connected with vegetative life become more and more feeble, imperfect and depraved. The processes of the two great departments of assimilation and elimination being repressed by the misdirected treatment, the interior organs are exposed to attacks of acute local inflammation or more slowly progressing disease from which recovery is exceedingly difficult, on account of the diminished recuperative energies. Such attacks often end the life of subjects of this class.

In this way mechanical substitution for cure of curvatures is actually dangerous. What physician in reporting cases of the kind will have the courage to state the truth in his certificates, and say "killed by maltreatment under guise of removing spinal deformity?"

The perception that spinal deviations have their source in muscular weakness has given rise in some quarters to a grave practical fallacy, scarcely less harmful in its consequences than the substitution of mechanical for muscular support. This relates to dietetics. The sufferer is tempted and urged to consume increased quantities of food, to supply the evidently waning strength.

This anxiety about feeding arises from confounding the two processes of alimentation and assimilation, which in health are closely allied, but which in ill health are,

unfortunately, widely separated. Development of muscular power comes from appropriating by the muscles of supplies conveyed to them by the blood. It involves a number of intermediate processes, either of which, if wanting, is fatal to the consummation desired. There must be previous demand by muscles for supplies, induced by muscular action and actual waste; there must exist the necessary incentives and forces for transferring the blood to the scene of repair; the digestive apparatus must be sufficiently sound to reduce aliment to the physical condition for passing the digestion boundaries and thence into the blood; and the oxidizing process must actively remove the chemical and physical impediments to the desired appropriation. It is futile to expect muscular strength from food, when any or all of these intermediate but indispensable functions are defective.

The weakened vital system is even placed in great danger by ill advised and unscientific but futile attempts to increase nutritive support of muscles. Alimentary supplies, digested and entering the blood, may linger unemployed in the fluids of the system. The transitional matter becomes obstructive from either mechanical, chemical, or even toxic change, from which vitality will suffer. Or, if incompletely digested, and consequently detained in the digestive cavity, the spontaneous changes in aliment, irritating the lining membrane of the digestive organs, which, through the nerves is radiated throughout the system, is a source of untold annoyance, though with, perhaps, less peril to life.

From the above statements the inference may correctly be made that the disadvantages arising from under feeding are far less than the opposite one of over feeding. In the one case the system quickly compensates itself for *seeming* ill effects, while it has had the actual advantages of a penetrating search of the nutritive system within itself, which, of course, brings destruction to any lurking and otherwise unusable material; while the ill effects of delayed intermediate nutritive material rapidly become permanent.

The digestive difficulties associated with deformities of bones are often radical, and from their nature, can only be transiently mitigated by either dietetics or drugs. It is reasonable to suppose that facile yielding of bones is due, in part, to deficient deposit therein of the necessary mineral solids, and that they fall from too great acidity of the fluids of the system. This condition of the fluids of the body permits the important constituents which give the power of resistance to bones to merge with the outgoing waste, and are, therefore, excreted. Instead of being applied to use, these elements are therefore lost to the system.

The idea of development of muscle as the remedy for lateral curvatures and other deformities, not unfrequently lends itself to another practical error. This is the employment of *indiscriminate* instead of *prescribed* exercises. Young persons of suspected rather than pronounced curvature have been known to pursue gymnastics, calisthenics, the *lift* cure, and other often recommended methods, and, by so doing, convert an insignificant and commencing curve into a serious, perhaps ineradicable deformity.

This is so important a point that the reasons which have before been stated in another connection will bear repetition. The deformity is increased because the principles of control of action and nutrition whereby curvature of the spine was inaugurated, have been in no wise changed. The exercises, now as before, will be chiefly executed by the stronger muscles, which, for curative ends, should be left at rest. The new impulse to nutrition gives the already strongest part a greater degree of mastery, which, of course, aggravates still further the deviation from correct form.

The only actual remedy for lateral deviations of the spine is easily stated and understood. It consists in retracing the steps by which it was acquired. The weak, shrunken muscles, must be developed, while their

over mastering opponents must be allowed absolute rest. Neglected parts must have their function and thereby their power so increased as to detract from the nutritive support and therefore the undue physiological as well as anatomical prominence of the controlling muscles. This process slowly but certainly restores the form to its original symmetry.

MATERIA MEDICA AS A SCIENCE.*

Materia Medica as a branch of study, is intended to display a knowledge of the principles and powers of the means employed in the treatment of the sick.

Whether it is worthy of the name *science*, as it now stands, is a question of which I am compelled to assume the negative. Whether it ever *can* be worthy of that name is a question of which I am ready to maintain the affirmative.

Every branch of study which can claim the character of a science requires two things: 1st, A correct ascertainment of the data from which we are to reason; and 2d, correctness in the progress of deducing conclusions from them.

Among the truest philosophers of the day, it is thought best to speak of the data of science as only so many "probabilities."

Below the plane of the probable is the plane of the *possible*.

And below the possible we find the plane of the *impossible* or *absurd*.

Beside reliable data, every department of knowledge aspiring to the rank of a science, must have classifications as the fruits of correct generalization.

A simple aggregation of facts, however well authenticated, having no special order among themselves, has neither the principles of a science nor the rules of an art.

The philosopher, the student, and even the casual observer, in looking over such a collection of data, will endeavor to bring together into groups such as resemble each other in one way or another, till all are classified.

When logical methods have been applied, laws have appeared, reaching forward not only into the realms of philosophy, but into the walks of practical life.

Tested by these principles, how far do the facts or data of Materia Medica come up to the requirements of science?

As to the allopathic gatherings, the trial of drugs upon the sick, two or more combined in one dose, has been the most prolific source of knowledge, as displayed in the current complications of Materia Medica.

Any supposed knowledge as to the real nature and uses of the several drugs thus employed, would partake too much of the *improbable* to be of any scientific or practical worth.

Neither have cases of poisoning yielded largely of the information which is entitled to rank among the *probabilities* of medicine.

Knowledge gained by experimentation with drugs upon the lower animals is but comparative, and cannot apply to the human organism, except by very uncertain analogies.

The fruits of the assumption that drugs must possess pathogenetic and curative powers the same as attributed to certain other and familiar articles which they resemble chemically or botanically, are no better than those based upon the analogies traceable between men and the lower animals.

The data of the old or current Materia Medica must therefore be regarded for the most part as mere *possibilities*.

The branch of study of which they are material cannot be ranked as a *science*.

*Abstract of a Discussion at the World's Hom. Convention, under the auspices of the Am. Inst. of Hom., Phila., June, 1878, by J. P. Dake, A.M., M.D., Nashville, Tenn.

As to the homœopathic data—Hahnemann, in the year 1796, being fully convinced that the information concerning drugs, displayed by Cullen and Haller, related more to their influence upon the sick than the well, and that their uniform action in the human organism—their positive powers—could not be learned therefrom, endeavored from the reports of cases of poisoning and by experiments upon himself and others in health, to obtain further and better information.

He brought forth the results of his labors under the modest title, "Fragmentary Observations relative to the Positive Powers of Medicines on the Human Body."

Although the drug symptoms furnished thus have ever since been considered among the most valuable contained in the homœopathic *Materia Medica*, Hahnemann, in his great wisdom and candor, did not dignify them as "data correctly ascertained," nor as the "pure effects of drugs," but called them "fragmentary observations," merely.

Fierce opposition and abuse had not yet made him so much of a zealous partisan that he would magnify his own work, or claim for his cause more consideration than it deserved.

But Hahnemann could not escape the transforming influence of the violent opposition he encountered.

His timidity forsook him, his self-appreciation arose, his work seemed more important; and when half a dozen years afterward, he published his gatherings in a larger form, he no longer called them *fragmentary observations*, but the *Materia Medica Pura*.

I am convinced that the term "pura" was added, chiefly in contradistinction to the old *Materia Medica*, then detected by him most heartily as the great storehouse of medical impurities. The views of the master sober were more nearly right than those of the master excited.

As the opposition to his proposed improvements grew in breadth and intensity, so grew the anxiety of Hahnemann to cut loose entirely and forever from the old *Materia Medica* in the applications of his therapeutic law.

Thus he was induced, contrary to his previously well-formed and well-expressed convictions, to accept for the pages of his *Chronic Diseases* the *aggravations* in the patient while under the influence of a drug, as genuine drug symptoms. And so also symptoms appearing for the first time in the patient, while under drug influence, were accepted and published as drug symptoms.

Thus was the master led to abandon the high ground at first assumed as the basis of the new *Materia Medica*; and thus the symptoms which he had so properly said teach nothing and only lead to false conclusions, came gradually up from under his ban into our manuals of *Materia Medica*, into our repertoires and comparative compilations, and now also into the latest exhibits in this connection. By these last I mean, *Allen's Encyclopedia of Pure Materia Medica*; the provings recently published by the American Institute of Homœopathy, and those by individual provers in the journals of the day.

Considerably more than one-third of all the drugs brought forward in *Allen's Encyclopedia* (first three volumes), have no rightful claim to a place in a homœopathic *Materia Medica*, and the information concerning them cannot be at all ranked among the "data correctly ascertained."

Even as to those drugs which have had two or more provers each, we must regard the information concerning them, taken as a whole, as of a very doubtful character. This being true with regard to such important drugs as *Aconite*, *Belladonna* and *Arsenicum*, what must be the character of those which have been subjected to much less proving and observation?

Turning to some of the provings lately published, we find, for example, in the report of the Bureau of *Materia Medica* of the American Institute, for 1874, so-called provings of the *Calabar bean*. Among the 44 American provers of this drug, of whom 13 were physicians in active practice, one, a learned professor,

took a powder of the 30th. Next day a succession of severe symptoms set in which required medical treatment. After the lapse of a week, the professor was able to return to his daily labor. Considering now the habitual tendencies of the prover, his "good cigar," and the use, one after another, of *Veratrum* and *whiskey*, and *Yucca*, and *Colocynthis*, and *Dioscorea*, and *Lilium* and *Bromine*, and *Sulphur*, the question is, were any of the symptoms reported by the professor the effects of the *calabar bean*, and if so, which of them?

Pretty much the same may be said concerning the report of a female prover, who took a dose of the third centesimal of the *calabar bean*.

The method of letting the spurious symptoms remain with the genuine till separated by clinical experience would require the retention and collation of all the symptoms reported by both these provers.

Looking into our journals we find provings reported from time to time, conducted by physicians and their friends apparently, without much forethought or critical care.

With drugs highly attenuated, cast around indiscriminately among males and females, some of whom were sick and under medical treatment, how could symptoms such as many that could be cited from these authorities, be entitled to rank among the reliable data of *Materia Medica*?

And yet, strange as it may appear, they are all displayed in *Allen's Encyclopedia of Pure Materia Medica*.

Such defective information, such a mixture of the true and the false, the good and the bad, cannot come from sources that are pure, through channels that are clean.

In regard to the classification of data, since the best we can now do is to follow the regional plan of locating and describing symptoms, it must be admitted that the homœopathic *Materia Medica* fails to be a science on account of the impurity of its data—not for the want of logical method in their arrangement.

The data of a scientific *Materia Medica* should be made up from positive drug symptoms, each of which has occurred in the experiences of not less than two provers. And the symptoms, when collated, should have small numerals attached, showing the number of provers reporting each one. The individual symptoms, or such as may be reported by only one prover, should remain in the record of the provers, or be published in a separate compilation, where they may be referred to in rare and difficult cases.

The symptoms gathered from the records of toxicology and from the reported experiments upon the lower animals, so far as found reliable, should also appear as a supplement to, and not as a part of, the pure pathogenesis of each drug.

In order to obtain data of the character indicated, it is imperative to observe the following rules:

I. But one influence should be under trial at a time, and to its action, uncomplicated and uninterrupted, the closest attention should be given.

II. The provers should not only be in good health, but likewise free from all occupation and habits in any way liable to disturb the organism during the trial of a drug.

III. The advances in physiological, and pathological learning, and the improvements in diagnostic means, during the last half century, demand that we should extend our scrutiny and explorations in the great field of pathogenesis by the employment of the latest and best of instruments and resources within our reach.

IV. The provers should in no case be informed as to the name, character, or supposed effects of a drug under trial, but should submit to proper instruction and direction from the most acute and experienced of observers.

V. Students of medicine, both male and female, should be the provers of drugs. Being well versed in anatomy and physiology, and made acquainted with the best method and means for the observation of symptoms, they should be kept under the hourly scrutiny of skilled physicians.

HAHNEMANN'S TEACHING.—A REPLY.

BY EDWARD RUSHMORE, M. D., PLAINFIELD, N. J.

In the paper of your correspondent, Dr. Taylor, in your last issue, a number of "fatal errors" are committed in attempted exposition of Hahnemann's teaching. In pointing out those errors and citing their refutation from the writings of Hahnemann, the writer hopes not to trespass upon that part of defence which belongs strictly to Dr. Wilson, for he needs no help. But some of the statements pertain to principles which involve the interest, not only of the homœopathic profession, but, as is admitted on all sides, of the health of the world.

He says, "Hahnemann nowhere taught more than one vital principle. *Similia similibus curantur* was with him the beginning and end of the law. He who used this law as his rule in prescribing, was and is a homœopath after Hahnemann's own heart." Let us hear what Hahnemann thought vital. Organon, 269 says: "The homœopathic healing art develops for its purposes the immaterial (dynamic) virtues of medicinal substances, and, to a degree previously unheard of, by means of a peculiar and hitherto untried process. By this process it is that they become penetrating, operative, and remedial, even those that, in a natural or crude state, betrayed not the least medicinal power upon the human system." Also in p. 275, "The appropriation of a medicine to any given case of disease does not depend solely upon the circumstance of its being perfectly homœopathic, but also upon the minute quantity of the dose in which it is administered." Again, in his petition to government, he says: "According to this more perfected mode of healing, I require for the cure, even of the greatest diseases hitherto deemed incurable *only finest possible doses* of simple substances. * * * *always only one dose of a single simple remedy—doses which are so little that, in the usual unmedicinal vehicle (sugar of milk), they are entirely imperceptible by means of the sense and all cogitable analysis of chemistry.*" "And yet this uncommon fineness of doses of all dynamically acting medicines, is *unavoidably necessary in this new art* so excellent for the purpose of healing every disease, but *indispensable for the cure of the chronic diseases*, hitherto abandoned as incurable."

Dr. Taylor says, "There is nowhere evidence that Hahnemann made, used, or advised dilutions above the 'decillionth' or *twelfth* centesimal. That his decillionth potency—his 'x' was no 'higher' than the twelfth centesimal is the inevitable conclusion from a simple numeration and notation of the figures involved." First as to the so-called 30th being only the 12th, let Hahnemann answer. "If two drops of a mixture of equal parts of alcohol and the recent juice of any medicinal plant be diluted with ninety-eight drops of alcohol in a vial capable of containing one hundred and thirty drops, and the whole twice shaken together, the medicine becomes exalted in energy to the first development of power, or, as it may be demonstrated, the first potency. The process is to be continued through twenty-nine additional vials, each of equal capacity with the first, and each containing ninety-nine drops of spirits of wine, * * * every successive vial, after the first, being furnished with one drop from the vial or dilution immediately preceding. * * * These manipulations are to be conducted thus through all the vials, from the first up to the thirtieth or decillionth development of power, which is the one in most general use." In the next paragraph of the Organon he says that all other medicinal substances except sulphur are to be first raised to the third trituration. "Of this, one grain was then dissolved and brought through twenty-seven vials, by a process similar to that employed in the case of vegetable juices, up to the thirtieth development of power."

Now, with regard to what "Hahnemann made, used, or advised," the significance of what he made will by all be allowed to coincide with that of what he used or advised. Benninghausen, in giving the treatment of a case by Hahnemann, in *Neues Archiv*, 1844, is authority for the statement that he used the 60th potency, further diluted in water three times, and later in the case a still higher potency. Hahnemann says in Organon, p. 246, note, "It will stand good as a homœopathic rule of cure, refutable by no experience whatever, that the best dose of the rightly selected medicine is ever the smallest and in one of the higher developments for chronic as well as acute diseases." That he had used higher than the 30th is implied in the fact that he describes and discusses their action; what plainer "advice" can we desire in regard to their use than to know that he speaks of it in praise? He says, Organon, 287, note, "The higher the dilutions of a medicine are carried * * * the more rapidly and with the more penetrating influence does it appear to effect medicinally the vital power, and produce changes in the economy, with an energy but little diminished even if the process of dilution be carried to a great extent, for instance, instead of the ordinary dilution X (which is mostly efficient), it be carried up to XX, L, C, and even higher dilutions." He says in Chronic Dis., vol. V., "By employing proper care in the preparation of our potencies, even the 50th potency * * * becomes exceedingly powerful," and again in vol. I, "Nothing is lost by giving even smaller doses than those which I have indicated. The doses can scarcely be too much reduced." * * *

Perhaps Hahnemann can best tell who is the homœopath after his own heart. He says, Petition to Government, 1820. "I hold none to be my follower, who, besides an irreproachable, truly moral conduct, does not exercise the new art at least in such a manner, that his remedy given to the patient contains in an unmedicinal vehicle (sugar of milk, or watered alcohol) the medicine in such a little, fine dose, that neither the senses nor chemical analysis could discover in it the least absolutely injurious medicament, *even not at all the least properly medicinal thing.*"

Dr. T. says "Internationalism is being daily weighed in the balance of actual practice and found wanting." Internationals revive the challenge of Hahnemann and demand the proofs. Those on whom it is practiced are perhaps good judges of it, and they do not think it wanting. Those who practice it are perhaps better judges, and they do not find it wanting.

After speaking of the modern allopathic doctor, he says, "that the dynamizationist—the man of the 'C.C.' and the 'M.M.'—must fall before him, is as inevitable as fate." I know at least one physician who began the practice of homœopathy on the principles of the Internationals, in the midst of modern allopaths and other homœopaths, and he will tell you that his best cures and fastest friends and most profitable practice are chiefly among those who had previously been patrons of the "modern allopathic doctor."

An appeal to the number of adherents with which the paper under review is closed is the method also of partisan demagogism; that it can throw any light on a scientific or historical question is yet to be demonstrated.

POLYPUS OF THE URETHRA.—Dr. Després (*Le Prog. Med.*) reported a case of a vascular vesicular polypus, in a little girl, eight years of age. The tumor was the size of a small walnut and completely obliterated the hymeneal orifice; its presence had been revealed by the occurrence of slight hæmorrhages. It had been removed by the *serre-neud*, and consisted of a cyst wall with bloody contents, without any epithelium upon the cyst wall. Similar cases had been reported by English authors. This condition was analogous to those which had been described by Marjolin as occurring on the neck of the uterus. (T. M. S.)

THE SECOND SIGHT OF OLD AGE.*

By JOHN L. MOFFAT, M.D., O. ET., A. CHIR.,
BROOKLYN, N. Y.

Doubtless there are none of us that have not known, either personally or by hearsay, of cases where old people have discarded spectacles and, as they say, "enjoyed better sight than ever before," an occurrence so common, indeed, that many people count with confidence, upon good vision as one of the ameliorations, if not privileges, of old age.

This is, however, but an indication of the advance of certain senile changes which occur in every eye, but not always with such gratifying results.

In order to more clearly understand the subject, it may be well to briefly recall a few fundamental facts to our memory.

As regards vision, all eyes may be classified as either *Emmetropic*—where parallel rays of light are focussed upon the retina;

Hyperopic—where the focus is behind the retina—or *Myopic*—where the focus is in front of the retina.

By the "Power of Accommodation" we mean our ability to so change the shape of the crystalline lens as to shorten its focal distance, and concentrate upon the retina the more divergent rays emerging from nearer objects.

The Hyperope—or "far-sighted" person—thus has to exercise his accommodation in order to advance the focus of parallel rays to his retina, and see remote objects distinctly, while for near vision he must increase the effect correspondingly.

The Myope—or "near-sighted" individual—on the other hand, cannot without aid see objects at a distance whose rays enter the eye parallel, because his accommodation at rest is already so relaxed as to weaken his lens as much as possible. While rays from a near object entering his eye, divergent are focussed upon the retina without any effort.

Here, as in all convex lenses, the peripheral rays are brought to a focus sooner than the central ones, and crossing, form circles of diffusion, which have the effect of blurring the outlines of the image. The iris, acting the part of a diaphragm, cuts off more or less of these peripheral rays, and makes vision more distinct.

The crystalline lens is composed of elastic fibres; those composing the nucleus being the first formed are denser, with a higher index of refractions or greater lenticular power, than the cortical fibres which are younger and softer. Now, with the advance of age these fibres all grow denser, a process first manifested in the younger ones, and the refractive index of the cortex approximates that of the nucleus. As a consequence, the lens as a whole is weaker and its focus recedes, making the eye more hyperopic. The result of this process in the average individual, becomes manifest at about the age of fifty years and is technically called "Acquired Hypermetropia." Its effect upon the emmetrope is to make him hyperopic; upon the hyperope to increase his hyperopia; and upon the myope—provided his myopia is not too great—is to neutralize his myopia and apparently restore his sight. Thus—the myope in order to see remote objects, or to read his newspaper at a comfortable distance, must wear concave glasses so as to diverge the entering rays and throw their focus back to the retina, but when the refractive power of the lens is weakened, the focus recedes of itself, as one might say, and consequently the spectacles are thrown aside with a jubilate!

Another senile change is that the pupil becomes smaller, and as the posterior (and principal) curvature of the lens is less at the pole than toward the periphery, the rays passing through the edge of the lens are cut off, only the central ones being allowed to pass. Two objects are thus accomplished: the focus is more

readily thrown back upon the retina, being thus approximated to it; and the circles of diffusion are still further diminished.

The senile changes, then give the myope more distinct vision, and cause his far point to recede, but they also have the same effect upon his near point. Since he seldom or never cares to use his eyes at the distance of six or eight inches, he does not notice the impairment in this direction, and consequently regards the change as one of unmitigated benefit.

MONTEREY AS A WINTER HEALTH RESORT.

By C. B. CURRIER, M. D., SAN FRANCISCO.

The season of the year is now upon us when my professional brethren in the East are being daily consulted in regard to the selection of suitable climates for the vast army of invalids who flee before the approach of cold eastern winters, and the changeable months of early Spring, which are even more to be dreaded in their disastrous influence upon delicate lungs and throats.

Florida has long been the Mecca of this class of pilgrims, and too much has already been written and read upon the topic, to tempt me to give a resumé of its advantages or disadvantages.

Colorado has its strong advocates, who believe that nowhere else on the face of the earth may health so surely be regained as in the bracing air and high altitudes of the Rocky Mountains.

The Adirondack craze is not yet an old one, and the friends of many a poor victim can sadly testify to the folly that sent their beloved invalid away from home to die in the wilderness. And just here, I would enter my protest against the practice of allowing patients who have no reasonable hope of recovery to leave the comforts of home, in the vain hope of regaining health in a strange land; except those who are in the incipient stages of pulmonary disease, when a change of air seems the only valid hope, or those who are recovering from illnesses, and to whom there is a prospect of tonic and new vigor in a change of scene and climate.

To many a semi-invalid, who requires only rest and change of scene, the attractions of foreign travel has often good results. Still for the invalid who seeks only for the climate best adapted to his individual necessities, there are "fairer fields and pastures new," within our own borders, than are to be found at the other side of the Atlantic—with the often disadvantage of being among people speaking a strange tongue, and having manners foreign to our own.

All intelligent observers agree that diseases of the respiratory and pulmonary tracts are representatives of cold and moist climates; and that all laryngeal affections are aggravated by great variations of temperature and humidity. So that the climates most favorable to consumptives and those affected with throat diseases, is the one that has the most equable temperature, and that has, also, the driest and purest temperature.

For these and other reasons, California is certainly one of the healthiest regions known, and being free from long, severe Winters, it is especially adapted to the needs of consumptives.

My own personal observation in a two years' residence in the State has convinced me that when its attractions as a health resort shall have become more generally known and appreciated, California will become the great sanitarium of the world.

Its climates, for they are many, are varied to suit individual requirements: nowhere else in the world, not even excepting Naples in Italy, and Alexandria in Egypt—both places noted for their clear, sunny skies—is the atmosphere so pure and clear, for so many consecutive days in the year, as in California, and no other climate has so equable a temperature.

Even in the city of San Francisco, where occasional fogs rolling in through the Golden Gate, cause a sharpness to the air, that makes overcoats and heavy wraps

* Read before the Kings Co. Hom. Med. Soc.

a comfortable necessity in the warmest months, there is but a small appreciable difference in the mean temperature of the year.

Taken year in and year out, San Francisco is one of the most comfortable cities in the United States, both in summer and winter seasons. A city without severe frosts in winter, and without sultry heat in summer, has a very considerable claim to climatic consideration.

California has many health resorts, deserving more than passing notice, but my present object is to call the attention of the profession to the signal attractions presented by Monterey as a winter resort for invalids who require equability of climate and a pure invigorating atmosphere.

Monterey is situated at the extreme southern point of the beautiful bay of the same name, distant from San Francisco only 135 miles by rail, and both for a summer and winter resort, I do not know its equal, but in its winter aspect, it is simply incomparable. An idea of the evenness of its climate may be had in the following table, prepared by Dr. E. K. Abbott, of the U. S. Signal Service, for the mean temperature of the winter months of 1877-8-9:

Dec. 1877, 51°	Jan. 1877, 49°	Feb. 1877, 50°
" 1878, 53°	" 1878, 51°	" 1878, 53°
" 1879, 51°	" 1879, 51°	" 1879, 54°

The following table presents the mean temperature of the two extremes of the year at Monterey, as compared with some other well known winter resorts:

Monterey, Cal.,	Jan. 52°	July, 58°
Santa Barbara, Cal.,	" 56°	" 66°
Naples, Italy,	" 46°	" 76°
Mentone, France,	" 40°	" 73°
Jacksonville, Fla.,	" 58°	" 80°
St. Augustine, Fla.,	" 59°	" 77°

The atmosphere at Monterey is dry and invigorating. The severe winds that make Mentone and other resorts on the Mediterranean coast so disagreeable at certain seasons, are unknown here, and the weather is not so cold in winter, or so warm in summer, as in some parts of Southern California, but there is an equability of temperature not to be found in any other place I know of.

There are occasional foggy mornings in the spring and summer months, as there are in most coast districts, but they are of short duration, and are not disagreeable in their effects upon the most sensitive constitutions, but seem rather to add new life and freshness to the air and to foliage and vegetation.

The rainy season commences in November and lasts until March or April, but the popular impression in the East, that the California rainy season is a constant deluge, is incorrect; for there are more cloudless days, during a California winter, than can be seen in the course of a whole year in any other part of the United States; and after the most copious rain-fall the sun comes out warm and clear, and in a few hours there are no traces left of the storm, save in increase of freshness in the air, and the natural surroundings, and in twelve hours after there are no signs of mud in the firm road-beds.

Monterey is replete with natural charms besides that of climate; the scenery about the town is beautifully diversified, and there are many fine views of ocean, bay and mountain.

For those who care for salt water bathing, there is one of the most noted fine, white-sand beaches in California, and a new feature introduced here, after the plan of Brighton, England, are salt water plunge baths, heated by steam pipes.

A point often overlooked or deemed of secondary importance in the selection of a health resort, is the necessity of comfortable and cheerful surroundings for invalids. In many places where climate might be favorable, all other points of comfort being conceded, there is often a sad dearth of the requisite accessories that

tend to make life a desirable portion to the average seeker after health.

All this is amply provided for at Monterey. The Hotel del Monte, built and conducted by the S. P. R. R. Co., is not excelled if equalled, in regard to magnificence, elegance and comfort, by any hotel in Europe or America.

It is picturesquely situated in a grove of 106 acres, and no pains have been spared to make it one of the most attractive resorts to tourists and invalids in the United States, if not in the world.

While I would not attempt to describe Monterey as adapted to the requirements of every class of invalids, still for those who desire a dry, pure atmosphere, and even temperature, and a climate of neither extremes of heat or cold, I know of none other at home or abroad so deserving of comment.

CLINIQUE.

A CASE OF POISONING BY NUX MOSCHATA.

By A. P. WILLIAMSON, M.D.,

Chief of Staff, Homœopathic Hospital, W. I.

July 20, 1881, I was to see Mrs. S., whom I found suffering from the effects of a dose of nutmeg, which she had taken for the relief of a severe colic accompanied by diarrhoea. She had often taken a similar dose without ill effects. Her usual method had been to grate up a small, thoroughly-dried nutmeg, adding a little sugar and some brandy. Upon this occasion she had no brandy and used water instead. The nutmeg was larger than usual and not so dry. She took half the mixture at 10 o'clock A.M., and the other half fifteen minutes later. The quantity of nutmeg taken was equal to a large teaspoonful.

In about ten minutes after taking the second dose her "head commenced to feel queer;" this was followed by great dizziness. In a few minutes a sense of swelling ensued, until her "head felt as large as all out doors." At this time she became utterly unable to reply to any questions, although her eyes were open and she apparently understood everything transpiring around her. Her pupils were markedly dilated; eyes staring into vacancy; face ashy pale; respirations labored and shallow. When spoken to loudly she could be awakened from this semi-conscious state, and would endeavor to reply, but would immediately lapse into her former semi-comatose condition.

At first her pulse was small and rapid, but during this unconscious period it became irregular, fuller, and exceedingly weak. Mustard and warm water were given, and a free emesis obtained. A few drops of the *Spirits of Camphor* were administered, as an antidote, under which she regained consciousness. Afterward *Dig. 1*, was prescribed, on account of the weak pulse. At 3 o'clock P.M., she had so far recovered from the poisoning as to give a clear account of her sensations. When consciousness first returned she kept her hands to her head. This, she said, was to prevent her head from dropping off; was also obliged to use her hands to move the head, it being too large and heavy for her body. The explanation she gave of the superficial breathing was, that her chest felt as if it were in a vice which allowed it to expand only to a very limited extent. A strange mental condition remained some days; this was an inability to use words properly. Frequently she would be obliged to stop in the middle of a sentence and change it entirely; because she could not think of the appropriate words which she wished to use. The patient was also very irritable and nervous.

No new symptoms appeared after those primarily developed.

There was no subsequent difficulty with the digestive tract, or with the function of menstruation.

DIAGNOSIS VS. AUTOPSY.

BY WILLIAM B. WOOD, M.D., NEW YORK.

M. M., female, seven years of age, light complexion, light hair, blue eyes. The patient first claimed my attention on the 6th of January, 1881. An examination revealed the presence of constitutional disease of a grave character; the future outlook was discouraging and the diagnosis involved the decision of questions of unusual difficulty. The opinion of Dr. Alfred L. Loomis was sought, and he was requested to take the direction of the case. Physical examinations were made every week and notes taken.

The previous history was involved in doubt and was unimportant except two facts. When four years of age the patient had a fall, after which she was confined to her bed for several days, complaining of severe pain upon being moved and upon full inspiration. When five years of age took a long sea voyage and suffered from violent nausea and retching for twenty-five days. Never seemed to recover appetite or strength, or to rally from the nervous prostration consequent upon the severe sea sickness.

Physical examination made by Dr. Loomis Jan. 6. The patient presented a somewhat emaciated appearance. Respiration 34, pulse 115, temperature 100. Inspection showed in front the respiratory movement of the right side increased, the shoulder being raised with inspiration. There was a marked decrease in the normal respiratory movement of the left side, prominence of the second, third and fourth intercostal spaces, also bulging in the left infra-clavicular space; the respiratory movement of the right scapular was markedly greater than that of the left; the left scapular was displaced to the left one inch. No curvature of the spine, vocal fremitus of the left side increased. The apex beat was found in the fifth interspace on the right side, one and one-half inches from the sternum. There was a bending in of the ensiform cartilage.

There was no bulging in the infra-mammary region over the liver.

Percussion in front, right side, normal: left side showed flatness over an area extending from the first to the fourth interspace, and from the left border of the sternum three inches to the left. Slight increased resonance over the right lung: posteriorly over the left lung slightly increased resonance at the apex and lower half of the lower lobe, and dullness between these points over the scapular region.

There was no enlargement of the liver or spleen.

On auscultation, the respiratory murmur over the right lung in front was slightly exaggerated. Over the left lung over an area three inches in diameter, and having its centre at a point in the third interspace, two and one-half inches to the left of the sternum, there was entire absence of the respiratory murmur. Grazing friction sound to the extreme left in the third interspace. Posteriorly over the right lung normal respiratory murmur; over the left lung, bronchial respiration over the upper two-thirds of the scapular region: the sounds of the lower two-thirds of the lower lobe were normal. The area of respiratory murmur corresponded on each side in the infra-scapular region. No evidence of any organic disease of the heart.

Mensuration showed the left chest semi-circumference on a line with the nipple, and the inferior angle of the scapular to be one and one-quarter inches greater than the right chest semi-circumference. The callipers showed the left chest diameter on a line from the third interspace two and one-half inches to the left of the sternum, to the inferior angle of scapular, to be three-quarters of an inch greater than the corresponding right chest diameter.

The diagnosis made was a tumor, probably of a non-malignant character, in the upper third of the the left thoracic cavity pressing upon and possibly involving the lung.

Temperature, respiration and pulse were taken three times a day and continued very uniform to about February 1st:

9 A.M.—T., 99-100; R., 28-30; P., 110;
1 P.M.—T., 99½-100½; R., 30-32; P., 115;
8 P.M.—T., 100½-101½; R., 34; P., 125.

The highest evening temperature was 102½.

Patient confined to bed latter half of January. During February there was a constant lowering of temperature, respiration and pulse rate and a reduction of the left chest measurement. The apex beat moved one inch to the left.

During March the evidence of the decrease in the size of the tumor pressing upon or involving the lung continued. Vesicular murmur could now be heard over the left chest where there had been entire absence of respiratory murmur. General condition showed marked improvement, appetite was good, patient was taken to drive in close carriage.

Dr. Egbert Guernsey was consulted as to the general condition and plan of treatment at this time and his approval obtained.

During April the general improvement continued. Patient went out to walk, but was always fatigued thereby, and complained of pain in left chest always in walking rapidly or running.

On April 25, a physical examination was made by Dr. Loomis and compared with the examination of Jan. 6. The left chest semi circumference was reduced over one half an inch. Apex beat was now in left fifth interspace one inch to the left of the sternum; the respiratory murmur could be heard over the entire left chest except over an area of three square inches.

There was no increased area of liver dullness and no evidence of any enlargement of the liver or spleen. There was no bulging in the infra-mammary region over the liver.

Patient was next seen by me June 8. Upon examination there was found to exist a recurrence of the physical signs of Jan. 6, in an aggravated degree. The respiratory murmur was entirely absent over the left lung except at the apex, and the lower third of the lower lobe posteriorly. There was found to be in addition to the physical signs previously existing, a marked bulging in the infra-mammary region over the liver on a line from the axilla to the anterior superior spine of the ilium. It was carefully noted that there was no increase in the area of liver dullness: the liver boundaries were normal. There was a marked lateral curvature of the spine in the dorsal region for which Dr. Burr, of Binghamton, suggested the jacket. This suggestion was not acted upon because it could not effect the cause of the curvature, the cause evidently being the great interthoracic pressure of the tumor, and because the respiratory act, performed almost entirely by the right side, taxed the patient to a degree that made any artificial restraint out of the question.

During July and August patient steadily failed, although able to be about.

On September 4, the patient had a fall from a fence from which at the time no marked symptoms arose.

September 5, without any premonitory symptoms, the patient was suddenly attacked, while quietly moving about the house, with violent vomiting, dyspnea and tumultuous heart action. This attack was succeeded by a condition of constitutional disturbance, showing itself in extreme prostration, temperature 103-4, pulse 140-180, rapid respiration. The patient never rallied; about the 16th saw the patient in consultation; there was found to be disorganization of the lung at the left apex; this was followed by rapid breaking down of the lung, fetid expectoration, rapid and extreme wasting.

The patient died November 2. The autopsy was made by Dr. Geo. Burr, of Binghamton, whose report is here quoted.

"External appearance was that of extreme emaciation. Left pleural cavity contained one quart of seropurulent fluid in which were the debris of the broken down disintegrated left lung. The lung itself was entirely wanting except a small portion at its root. Fœtor was very offensive and before death the expectoration was characterized by the same fetid odor. Right lung was healthy except terminal point middle lobe. Heart small and much atrophied. In close connection with right lobe of liver, a large white globular tumor was found adherent to undersurface of the diaphragm four inches in diameter, easily separated from the liver, leaving deep excavation near posterior margin right lobe. The remaining portion of the liver was healthy and but slightly enlarged. On cutting into the tumor, it was found to have outer coat or cyst dense and firm in structure, and an inner membrane not connected with the outer, of a friable character. It contained ten ounces of clear, water-like fluid. The description by Dr. Geo Budd, of hydatid tumor of the liver fully describes the appearance of this cyst. Stomach and other abdominal viscera were normal.

"The size of the tumor, its crowding upon the diaphragm and its interference with the respiratory movement, gave rise to the symptoms which were regarded as indicating a tumor of the mediastinum.

"The cause of death must be referred to the destruction of the lung, the presence of the fetid fluid and the wasting effects which were excited by their presence in the thorax."

It may be said that the opinion that the liver cyst "crowding upon the diaphragm and its interference with the respiratory movement gave rise to the symptoms which were regarded as indicating a tumor of the mediastinum" is manifestly untenable for at least four reasons.

First, because the liver cyst did not give any recognizable physical signs, and was not present until at least four months after the signs of left interthoracic tumor pressure manifested themselves as recorded.

Second, because had the liver cyst existed prior to about June 1, it is clearly absurd that it should exert its pressure force in any but the direction of least resistance. This tumor, June 8, was about the size of an egg and pointed midway between the ribs and ilium on a line from the axilla to the spine of the ilium, and spent its force in that direction, and not upward, against gravity, obliquely through the diaphragm across to the left thoracic cavity.

Third, because the displacement of the heart was to the right and downward, directly towards the location of the liver cyst as made out before death and proved at the autopsy, and not upward and to the left as it should have been on this hypothesis.

Fourth, "the interference with the respiratory movement," showed itself by entire absence of respiratory movement on the left side, and by compensatory increase of respiratory movement of the right side, the right lung doing all the work—a condition of things that is manifestly exactly the reverse of what would have existed had the liver cyst been the cause of "the interference with respiratory movement."

The whole question of the primary cause of death is smothered in a safe opinion that the secondary cause of death "must be referred to the destruction of the lung," etc. The question that interests us is, what caused the destruction of the lung? That it was not a liver cyst four inches in diameter, "leaving the remaining portion of the liver healthy," and that it was an interthoracic tumor pressing upon or involving the lung seems evident from the history of the case. It is not possible to explain the definite and undisputed physical signs of the case, nor to account for the early, pronounced, and continued symptoms of organic disease and functional disturbance found in the temperature, respiration and pulse rate on any other ground than that of the diagnosis made.

It is to be regretted that the autopsy should have been made without a knowledge of the history of the case, and should have failed to throw light upon the questions of interest and importance in it, that no pathological specimens were preserved by Dr. Barr for microscopical examination; it would have been a satisfaction to have examined a portion of the stump of the lung and fragments of the debris in the thoracic cavity. This was our only opportunity of determining the exact nature of the tumor and the primary cause of death. The case was one of unusual interest and had engaged the attention of a number of physicians who desired exceedingly to know the nature of the interthoracic tumor, which must now remain a matter of conjecture.

The symptoms of the attack of September 5 were those of a sudden culmination of, or crisis in, a progressive disease: such symptoms might be produced by an instantaneous change in a pressure upon some of the larger blood vessels. Cannot these symptoms be fully explained by taking the view that the tumor ruptured at the moment of attack, or as suddenly changed its position, in either case setting up acute process in the lung?

If the tumor of the liver was an hydatid of the liver, it is probable that the interthoracic tumor was an hydatid of the lung, and that the attack of Sept. 5 was caused by its rupture.

TRAUMATIC APHASIA.

By GEORGE ALLEN, M.A., M.D., WATERTOWN, N. Y.

G. N., a stout, healthy boy of eight years, fell from a tree a distance of twenty-five feet, struck upon the right side of his head and body, and was picked up unconscious. For seventy-two hours he remained unconscious, being, however, most of the time in a condition of somnolence from which he could be aroused to take medicine and nourishment, and occasionally to answer direct questions when spoken to in a very loud tone. From the first he was very restless, tossing about continually and was at times delirious. The pupils were contracted and sluggish, but became normal as reaction progressed. Stertorous breathing was not present at any time. For eighteen hours, immediately following the injury, the patient seemed to possess the ability to articulate naturally such words as he was heard to utter either in delirium or otherwise, but after the expiration of this period he seemed completely aphasic, and even after the complete return of consciousness his ideas of language seemed to have left him entirely, so that he was unable to make any use whatever of articulate speech. There was no *aphonia* present, as was evident when he cried, at which times his voice was natural. On being asked a direct question he would nod or shake the head, but did not speak. On being urged to articulate a given word he would make the attempt, but seemed to have no idea of the manner of accomplishing it, and failing would burst into tears. The tongue and lips moved naturally, deglutition was readily accomplished, and no paralysis of the organs of speech could be made out. Concomitantly with the Aphasia there existed a slight right hemiplegia. Hematuria of considerable severity was present for more than two weeks, but disappeared promptly after the administration of *Terebinth*. The only external injuries about the head were contusions, there being one in the left occipital, and one, more extensive, in the right fronto-temporal region. The aphasia continued for four days and gradually gave way, the patient beginning by simple answers and gradually increasing his vocabulary, till at the end of another week his powers of language had resumed their normal condition. He had no recollection of his accident, and although some things connected with it have been recalled there are some incidents of which he

is totally ignorant at this time (more than four months). The hemiplegia disappeared in a like gradual manner with the aphasia. An unnatural condition of the emotional nature as evidenced by a disposition to laugh and cry unduly upon slight provocation, remained for nearly a month and was the last symptom to disappear.

An interesting question presents itself as to the nature and location of the cerebral injury which produced the symptoms present in this case. Simple concussion of the brain is incompetent to explain them.

There was no fracture of the skull and we turn, therefore, to cerebral contusion for a solution of the case. Of this injury Gross (Surgery, 3d Ed., Vol. II, p. 155), says: "In general it may be inferred that the lesion is one of contusion, when, the first symptoms of shock having passed away, the disturbance of the brain more or less obstinately persists. This conclusion will be rendered so much the more probable when there is pretty complete loss of consciousness, along with an uncommon degree of somnolency, but no stertorous respiration; when there is extreme agitation and restlessness, the patient tossing continually about in bed, when there is more or less delirium during the first few days, with a gradual but steady aggravation of all the symptoms." These symptoms the author quoted deems sufficient to warrant a diagnosis of cerebral contusion. All of these symptoms were exhibited in the case described together with other symptoms—aphasic, paralytic and emotional—which, although they do not directly indicate cerebral contusion, are, nevertheless, symptoms which a contusion of the brain, properly located, will satisfactorily explain.

Cerebral contusion may be diffuse or circumscribed, varying in extent from a few small dots or patches to a large portion of one hemisphere. The dots and patches are of a dark color and consist of extravasated blood. They are at first soft, but in cases that recover they undergo changes consequent upon gradual absorption, so that after a few days they assume a lighter shade and a firmer consistence, and are subsequently replaced by minute yellowish spots as in ordinary apoplexy. In cases which do not pursue this favorable course inflammatory changes occur accompanied by softening of the contused portions, so that the accompanying symptoms become permanent even in those cases in which death does not ensue, which is by far the more common termination.

In the milder cases of circumscribed cerebral contusion, the symptoms disappear *pari passu* with the absorption of the extravasations and restoration of the lacerated parts. The contusion from which this patient suffered was doubtless of the milder circumscribed variety, which terminated in absorption of the extravasation and complete restoration of the disturbed faculties.

The location of this contusion was undoubtedly at the base of the posterior portion of the left anterior lobe, involving a portion of the third frontal convolution and its immediate vicinity. Physiologists have demonstrated pretty conclusively that the seat of articulate language is located in the posterior portion of the 3d frontal convolution; so that when Aphasia exists in an unquestionable form we are justified in locating the brain disturbance at this point. Aphasia with *right hemiplegia* will enable us to affirm that the lesion is upon the left side of the brain.

In the case of our patient we are confirmed in fixing upon this location for the following reasons. First, because the under surfaces of the anterior portions of the brain are shown by statistics to be the parts most frequently injured by external violence, on account of their intimate relation to the rough and uneven surfaces and projecting points on the subjacent parts of the skull. Again, the left 3d frontal convolution lies in the line of direction in which the injuring force was applied, as nearly as this could be made out (diagonally across the

skull from right to left and from above downward), also in a line diametrically opposite to the point of greatest external injury, (the right fronto-temporal region well toward the vertex); so that a bruising of the brain by *contre coup* would occur at the point indicated above.

To recapitulate: A boy falls, receives a blow upon the right fronto-temporal region the force of which is transmitted downward and to the left and expended at a point diametrically opposite; viz., at the left 3d frontal convolution which is bruised against the rough surface of the skull at this point; extravasation occurs, causing suspension of functions of the injured portion, and aphasia and right hemiplegia result. These symptoms persist for a short time and disappear gradually with absorption of the extravasation.

Regarding the treatment of this case it is necessary to say but little. Remedies were administered, but whether they influenced the recovery in any marked degree it is impossible to say. Rest and quiet would probably have accomplished the restoration of this patient, as the contusion was not extensive. But as we can never be sure of the extent of the contusion or the consequent extravasation we should never neglect to administer the carefully selected remedy in each case. We may thus prevent the occurrence of inflammation, and give our patient a good chance of recovery.

SOME CLINICAL OBSERVATIONS.

BY ALFRED K. HILLS, M.D.

We have been called upon to treat recently quite a number of cases of inactivity of the liver, both in adults and in children. One of the most marked pictures in an adult case was the great mental depression, chilliness, cold perspiration, restless sleep, furred tongue (showing the imprints of the teeth), nausea, clayey delayed stools; fullness, tenderness, and stitch-like pain in region of liver, irregular action of heart and general prostration. The case responded promptly to a few doses of *Podophyllum*.

In the case of a child of five years, there was, in addition to most of the above mentioned symptoms, a well-marked jaundice, together with rolling of the head from side to side, and *Podophyllum* cleared up the symptoms at once.

Our experience has rarely brought us in contact with cases of scarlatina requiring the use of *Belladonna*, and we are not of those who believe in its prophylactic virtues, in the disease, as most frequently met with.

Chamomilla has been found most often indicated, and in our hands has proven more effectual in the majority of cases.

We need not say that the mental symptoms are all important to its correct selection. *Bryonia* often follows, generally when in the course of a week, as often obtains, the prostration is so marked that the patient declines to raise the head from the pillow, and insists upon being left entirely to itself, and especially if a bronchitis has been added, and, as we have sometimes seen, rheumatic symptoms assert themselves.

We have recently treated a case in which *torticollis* was a most troublesome complication, although *Bryonia* brought the patient through with little delay.

We must be allowed to assert, at the risk of being considered egotistical, that we have rarely met with sequelæ following those exanthematic affections in which they so often occur, and we only account for it on the ground that our remedies have been always most carefully selected, according to the law of *Similars*!

For the itching of scarlatina there is no agent so convenient, agreeable and effectual as *Vaseline*, and I am in the habit of ordering its use *ad libitum*.

So great is the comfort from its administration that the patients ask for its repetition as soon as the effect has

ceased, and often have I observed the little ones annoying themselves at the points of irritation, always to be followed with relief.

In the diseases incident to childhood we cannot object too strenuously to the use, in appreciable doses, of *Opium* in any form. Great care should be exercised in the taking of the case, whenever this dangerous drug is thought to be indicated, and then it should be administered in the most minute dose.

When there is stupor, or its opposite, mental exaltation, with great hyperesthesia of the special senses, when the pupil is contracted and the half-closed eyelids lead us to a guarded prognosis, then we should study carefully that drug, which, if really called for, will prove the harbinger of a dawning day, and furnish a result which invariably follows the exactly indicated medicine.

Its throbbing cerebral congestion will remind us of *Belladonna*, to which drug it stands in an antidotal relation; but if we compare the effects of the two, we shall find with the latter a higher degree of delirium, mental activity or stupor, with the tendency to remain in the erect posture or with the head thrown back, while with *Opium* there is a condition of quietude, and the symptoms are aggravated when rising from the recumbent position.

But we must end this article, which is already beyond the limit of our first intention, and has been carried there by the fascination of the study of comparative drug action.

TRANSPLANTATION OF BONE FROM A DOG.—Dr. Paterson gives in *La Cronica Médica* the following case: A marine engineer, 43 years of age, fell and fractured the bones of the forearm. At the end of six months union had not yet taken place, and the fibrous band uniting the ends of the fragments was divided by subcutaneous section. This operation was followed by erysipelas and a necrosis of the radius to the extent of three centimetres. Six months later the following operation was practised: An incision was made along the ulnar edge, at a level with the fracture; the diseased bone was extracted, leaving a space of two centimetres between the extremities of the radius. At the same time an assistant laid bare the humerus of a dog, dissecting the periosteum to 15 millimetres more than the required length. The fragment, separated with a saw, was placed between the two extremities of the radius and united to them by metallic sutures. Thirteen weeks afterwards cicatrization was still wanting. But later there was an elimination of the bony fragment of the dog reduced to one-half its volume, and from that moment cicatrization was rapid. The patient was able finally to return to his occupation. (*El Criterio Médico*.) T. M. S.

CAPSICUM ANNUUM IN UTERINE HÆMORRHAGES.—The powder and aqueous extract of this drug have been in use for many years for the treatment of hæmorrhoids. J. Chéron (*Le Prog. Méd.*) in a study of its physiological action says: That this drug is a vascular remedy which exercises a special action upon organs which are richly supplied with blood vessels, such as the utero-ovarian, respiratory, and encephalic tracts. Capsicum acts like *Ergot* upon the non-striated fibre of the vascular walls, either directly or through the agency of the vaso-motors. But it has the advantage over the latter in that it is well sustained by the stomach, and simply accelerates its functions. I have employed it for several years, and with great success, in uterine hæmorrhages, when the hæmorrhages are due to fibroid tumors, fungous endometritis and even epithelioma. Five grammes are made into thirty pills and a pill given 4-6 times a day. I have also used this drug with success in the congestive cephalalgia so frequent in rheumatic patients, and for the hæmoptysis in those suffering from tubercular disease. (T. M. S.)

SPECIAL MODE OF RETURN OF THE DEFORMITIES IN COXALGIA.—M. Verneuil (*Le Prog. Méd.*) had under his care, for 3½ years, a girl nine years of age, who was suffering with coxalgia and who was cured without any deformity. But one year later he found marked deformity: apparant shortening, prominence of the hip, elevation of pelvis, no sensitiveness or tumefaction. Thinking of the progressive permanent flexion of the knee from paralysis of the triceps, without arthritis, after a prolonged immobilization, he sought for a similar cause here, and found a complete paralysis of the muscles of the thigh. It would seem then that in the hip as in the knee, deformities may appear without inflammatory symptoms in consequence of the paralysis of certain groups of muscles, and the impaired tonicity of the antagonistic groups. Cures had been obtained in analogous cases by means of electricity. It is then, probably, in muscular action, in the contraction or paralysis of certain muscles, that we are to look for the cause of the vicious forms of the hip in coxalgia, and the succession of the two well known forms of this disease. The adduction, rotation outwards, and apparent lengthening at the beginning of this disease are the consequence of the contraction of the iliac and thigh muscles. The rotation inwards, adduction, and shortening, in consequence of the elevation of the pelvis (a mechanism not clearly elucidated) which occurs later, are the result of the paralysis of these muscles. The contiguity of these muscles with an inflamed articulation explains their contraction in the first stage; later, they become weakened or atrophied, and we have the appearance of the second stage. (T. M. S.)

CHRONIC CATARRH OF THE BLADDER.—Dr. Duferé (*La Reforma Médica*) recommends the use of an injection containing one-half to one per cent. of lactic acid, at a temperature of 100° F., for chronic catarrh of the bladder. The action should be watched for 15-20 days before repeating the injection. In very obstinate cases a third or even a fourth injection may be necessary. He gives also internally, 10 drops of lactic acid in a glass of sour milk, night and morning.

If there are contractions the result of gonorrhœa, *Sulph. iod.* 3 is of service.

Concomitant symptoms will indicate the special remedies.

In the vesical tenesmus so often present in this trouble, one of the best remedies is *Gels.* 8 internally, and the same remedy in the form of a glycerole applied to the perineum and above the bladder, and then covering the parts with warm flannel. (T. M. S.)

(Clysmic Water.—Prof. R. Ludlam's experience in the use of this agent in the treatment of a severe case of cystitis, should induce others to try it in similar cases. The mineral waters that have proved the best remedial agents are those which have been found, on analysis, to be nearly neutral in reaction, and the Clysmic is claimed as one of these.—EDS.)

PHLOCARPINE IN DIABETES.—Dr. Hughard (*Le Prog. Méd.*) has had excellent results from the hypodermic injections of *Phloccarpine* in diabetes insipidus, that is to say polyuria. He uses it in doses of 10 to 15 milligrammes. Under the influence of this treatment he has seen the quantity of urine fall in eight days from 12 litres to 2 litres and the quantity of urea from 90 to 100 grammes per day to 25 and even 20 grammes. In three very obstinate cases, which had previously resisted all forms of treatment, the cure still continued at the end of two and three months. (T. M. S.)

M. GUERMANPRÉ (*Le Prog. Méd.*) in studying the later complications occurring in severe railroad accidents, says that they consist of congestive shocks in the nervous centres, and are favorably combatted by repeated bleedings, notwithstanding the debilitated state of the subject.

NITROUS OXIDE AS AN ANÆSTHETIC IN PARTURITION.—In the last number (Vol. XVIII., No. 1) of the *Archiv für Gynäkologie*, Kliekowsitch, of St. Petersburg, details his experiments with nitrous oxide as an anesthetic in obstetrics.

After a careful study of the history, mode of preparation, etc., he tested the effects of the gas upon himself; afterwards he experimented with it upon twenty-five parturient women in one of the lying-in hospitals of St. Petersburg.

As a resumé of his observations, Kliekowsitch makes the following propositions as to the use of nitrous oxide and oxygen, viz.:

1. Entire safety for the life of mother and child, without prolongation of the labor.
2. Undoubted diminution of pain in all periods of labor.
3. Undisturbed consciousness during the highest degree of anesthesia, and consequently the intelligent co-operation of the patient during labor.
4. Absence of vomiting during its administration, and often its arrest, if previously existing, and none of the unpleasant results of other anesthetic agents, *e. g.*, excitement, nausea, headache, dyspepsia, etc.
5. The presence of the physician is not absolutely necessary.
6. The chief objections to its use are its expense and difficulty of transportation.

ERADICATION OF NÆVI.—A method of applying nitric acid to nævi has been described by Dr. Speirs in *The Practitioner*. He had the care of a child with a capillary nævus about the size of a hazelnut on the left cheek. He was puzzled for a safe plan to apply the acid, and goes on to say:

The following mode, however, proved highly satisfactory, and besides was easy of application. I took an ordinary two-ounce vial, selecting one with as wide a mouth as possible. Having broken off the body close to the neck, I inverted the latter over the nævus, pressing the rim of the glass firmly down upon the skin. This had the effect of forcing the tumor well up into the neck of the vial; and when the acid was applied by means of a pipette, it acted freely upon the whole surface of the nævus. Before removing the vial neck I carefully mopped out all excess of acid with some cotton wool on a probe. I then had the satisfaction of beholding a well-defined circular slough, rather depressed, but with clean cut edges, as if a punch had been used. The child suffered very little pain, and was easily pacified by being put to the breast. The action of the acid was found to have been entirely confined to the tumor, which was completely obliterated. No unnecessary loss of tissue took place, and consequently no cicatricial contraction or distortion of the eyelid.

It is now twelve months since the operation was performed, and the scar is scarcely perceptible, only becoming slightly crimson when the child cries.

FREE INCISION IN TENDINOUS SYNOVITIS.—M. Notta, (*Le Prog. Méd.*) reported the case of a man who had one of these tumors upon the palm of the hand and the anterior face of the wrist. He made three incisions, under the antiseptic method, and removed a number of barley like grains; a drainage tube was passed from the palm of the hand through the wound in the wrist, but it was removed on the next day; the patient was cured only at the end of four months.

M. Verneuil formerly often refused to operate upon these tumors, but now operated with success by the antiseptic method. It was not necessary, however, to put a tube through the whole tract of the wound—one at either side was sufficient, and, without attempting immediate union, he applied the usual antiseptic dressing. In two cases a cure had resulted in from 15 to 20 days.

M. Després and others favored a suppurative action in these cases and thought a cure was the result of the expulsion of the sac and a slow cicatrization of the cyst

cavity. Union by first intention should be especially condemned in synovial cysts.

The pain following the application of a $\frac{1}{2}$ solution of phenic acid, and probably due to the application, was thought to exercise a favorable influence and was without danger. (T. M. S.)

FOREIGN BODIES IN THE KNEE.—We find in *Le Prog. Méd.* the following modes of treatment and the results. In one case the knee was freely opened, under the Listerian spray, and a pediculated body was removed; after ligating the pedicle with cat-gut, union by first intention was attempted, a drainage tube being left in the wound. Fifteen days later the cure was complete without any traces of ankylosis.

One case had presented an ankylosed articulation after an operation for removal of a foreign body.

It was thought by some that the drainage tube was only necessary in those cases where some complication existed, such as a hydrarthrosis or arthritis, for which injections might be necessary.

Others were of the opinion that drainage could be dispensed with, without danger, only in the most favorable cases, but it was necessary to withdraw the tube at the end of two or three days. Even with the injections of an articulation attacked with hydrarthrosis, we could still attempt immediate union.

Again, that small wounds like these might be left freely open for the purpose of drainage, by surrounding them with the antiseptic gauze and wadding. Two cases had been successful by this method. (T. M. S.)

ABOUT ERYSIPELAS.—Dr. Edward H. Stoll in *M. & S. Reporter*, Phil., Aug. 13, referring to an editorial in the May, 1875, number of the *Boston Jour. of Chemistry*, on the subject of "therapeutical enigmas," says that the physician who penned that article had practically tested, during fifty years, without failure, a recipe for the prevention and cure of erysipelas, which was first suggested by an old lady, and is simply this:

"Have some green glass beads strung on a silk string, so as to make a necklace, to which, by a silk string, attach a small silk bag filled with powdered sulphur. This to be constantly worn." Dr. Stoll, on reading this, determined to put the thing to the test at once. "Six years have passed, some under my care and observation, others, from their commendation, have tried it. It has not failed in any case to secure complete or nearly complete exemption from attack."

The Doctor goes on to relate several cases in which the remedy (or talisman) was entirely successful, and concludes by saying:

"If its possibilities to others shall prove even but a portion of what I have seen and know, it will be impossible to estimate the vast amount of human suffering relieved, and the many valuable lives saved, by what seems but an idle fancy, and yet is a mysterious fact."

ELECTRICITY IN EAR DISEASES.—Dr. Woakes believe that muscular paralysis is a most important factor in the causation of deafness and its concomitant symptoms, in a very large proportion of those cases of the disease which occur in adult life. Electricity is not of invariable benefit, since aural affections where the function of the eustachian tube is interfered with, produce congestion of the middle ear which the electric current aggravates. In cases where electricity is suitable, a very weak induced current, applied only once a week, is beneficial. Weber-Liel's intratubal electrode is the most convenient instrument for galvanization of the tensor tympani muscle. The tensor palati may be galvanized by means of a large laryngeal electrode applied over the soft palate, in the course taken by the muscle on each side of the uvula, the circuit being completed by placing the sponge-holder attached to the outer bole over the mastoid process of that side corresponding to the side of the palate to which the laryngeal electrode is being used.—*Brit. Med. Journal*.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

1882.

As we stand by the grave of the old year, with its memories clustering thickly around us, and, from the history of the past, with our hopes and anticipations for the future, seek to map out our line of work, we realize that what is called death is simply change of condition; that, in reality, there is no such thing as death, but simply change of form and structure; an evolution from one life into another; a gradual ripening of matter, in which life in the endless circle of change passes into higher and purer forms.

Carbon crystallizes into the diamond. The crystallization of the granite rocks slowly builds up the mountains, until they emerge from the ocean in long ranges—rising higher and higher as crystallization goes on, until their peaks pierce the skies. When crystallization is completed, and its work accomplished, the death of the granite crystal slowly takes place; and in that disintegration, which leads to the formation of a new life—that of the secondary rocks—the mountains are rent in great seams and fissures. Death comes in convulsions, rending and tearing the rocks, dissolving their particles into gases; but in this change from one form of the life of matter to another, the soul emerges from the old granite rocks and crystallizes in their great fissures in precious minerals—the gold, and silver, and iron, and lead, which enter so largely into the daily wants of the world.

Yesterday we wrote 1881, and looked back along a year thickly crowded with events; upon plans which had failed from lack of wisdom or foresight, or perhaps from the energy necessary to carry them into effect; upon work accomplished; upon plans formed for the future; and paused to think, if in all this work, our lives had been rounding into more completeness, leading to a higher development of ourselves and to a healthy influence upon those with whom, directly or indirectly, we were brought in contact. To-day we write 1882, and gird ourselves anew for that life-work which moves steadily on, step by step, through the rolling years. The influence of the past is upon us and around us; its

work unaccomplished and the seed, we have sown growing up in tares, or ripening in rich fruit with advancing years.

Standing to-day, amid the ripening harvest, whose golden grain mingles with the budding leaves and the fragrant blossoms, we see that the great work of life goes steadily on, and, like the luxuriant vegetation of the tropics, the fresh, springing leaves of a dawning life mingle in beauty and harmony with the blossoms and the ripened fruit.

The fathers, whose names we revere, who have received the summons of the Great Physician, "Come up higher," still live in their works, and their teachings form a part of our daily lives. They fought the battle against "Old Physic" for reform and advancement in medicine, not for themselves alone, but for the whole world and future ages. All history tells us that life's victors are not those who won the success of a day, but rather those capable of self-sacrifice; who preferred truth to personal gain; and who were willing, for a high cause, to suffer, resist, fight, and, if need be, to die.

The TIMES, to-day, sends its New Year greeting to its thousands of friends scattered throughout the world. To every honest, earnest laborer in that noble profession to which we have dedicated our lives, we bid God-speed! To each we say, work in such channels as seem to you best, and with such tools as you best can handle; but work honestly, unselfishly, with charity to your fellow-laborers, ever bearing in mind the old shield, with one side golden and the other silver; work so that your lives will be beautiful, and that when the mortal is thrown off, the ever-widening ripples of work nobly done will extend over the sea of time.

In looking back over the past, we see no reason to change the policy of the TIMES. We shall strive in the future, as in the past, to give our readers a journal liberal and catholic in spirit, and fully up to the progress of the age. With the cordial coöperation of our readers, in which they will give, for the common good, interesting cases and their ripest thoughts; and with the lessons of experience gleaned from the past, we hope to make the TIMES welcome to every office. With the best wishes for a happy and prosperous year to all, we start upon our work of 1882.

EXPERT TESTIMONY.

In no case where expert testimony is called has so little real scientific knowledge been displayed, and such diverse opinions presented, as where the question under discussion is that of insanity. One expert is pitted against another, and with no well established scientific rules to guide them, we have simply a collection of opinions as diverse as the characters of mind which present them, and which are calculated to confuse rather than aid the jury in making up a decision which is to consign the prisoner to the gallows, as morally responsible for the crime, or to the insane asylum as one whom disease or malformation has rendered irresponsible.

It was hoped that the trial at Washington, to which the eyes of the civilized world were turned, would have brought out some distinctive scientific principles which

could be incorporated into our medical jurisprudence as authority for future reference. In this we have been so sadly disappointed that we are led to the conclusion that the medical profession know but little of the causes of insanity, and the phenomena which mark its existence, or that expert testimony as now managed is worthless.

In this trial, not only have the experts given an unqualified opinion as to the sanity of the prisoner, instead of pointing out clearly the signs of insanity, and what constitutes an absence of moral responsibility, leaving to the judge and jury the application of principles upon which there should be some harmony of opinion, but what certainly never would have been allowed in a New York court of law, laymen, instead of being kept to a simple narrative of facts, have been not only permitted but requested to state their opinion as it regards the sanity and moral responsibility of the prisoner. If the case had been first brought before a commission on lunacy, as would have been eminently proper, and as was done with Eastman in Massachusetts, to decide as it regards the sanity and moral responsibility of the prisoner, to be consigned to an insane asylum as one morally irresponsible for the act committed, or sent to the court to be tried for his life, certain scientific principles would probably have been clearly enumerated by men who were authorized to sit in judgment, and whose decision would go on record for future reference, and we should have been spared the humiliating spectacle of the diverse opinions of so-called scientific minds, based upon the same line of facts.

It is a question worthy of careful thought, whether a jury system which trusts the greatest and most delicate questions in every department of science to men whose mental training has been entirely in another direction, and who from lack of proper education are poorly fitted to draw from conflicting expert testimony, conclusions necessary to form an intelligent verdict, is always the surest road to justice. The principle that a man shall be tried by his peers, is undoubtedly one of the greatest safeguards of civil liberty; but justice demands that not only the facts shall be so thoroughly sifted as to bring out the truth, but that the jury shall possess those qualities of mind, from education and habits of life, which shall not only enable them to discriminate between conflicting testimony, but, guided by principles fairly presented and clearly understood, see the importance of even slight shadings in testimony and their bearing upon questions at issue. In a case, for instance, where the act of killing is not denied, but the whole question turns upon moral responsibility, under the present system we are at once brought face to face with an apparent conflict of authority and confusion, out of which it is extremely difficult for an ordinary jurymen to emerge with anything like a clear and intelligent opinion. Experts of world-wide fame, whose whole professional lives have been devoted to a careful study of the nervous system and mental diseases, are summoned for the prosecution and defense, and the minds of the jury are often so confused by conflicting testimony on vital points of men whose opinions not unfrequently lean with undue weight to the side for which

they appear and which pays them their fees, that the charge of the judge, however clear and emphatic, is not always sufficient to remove the confusion from their minds.

However difficult it may be in all cases to fill the jury box with men who are thoroughly fitted to judge intelligently in those conflicting cases of mental trouble which are constantly coming up in the courts, one great step towards, in all cases, obtaining at least an intelligent verdict, would be to change entirely the present system of expert testimony. Either let the experts be appointed and paid by the State, or let the judges of the courts be empowered to call to their aid scientists known for their intelligence, honesty and integrity, giving them every facility for a careful study of the case with a position of perfect independence. To this expert commission would be assigned the task of aiding the judge and jury by a thoroughly unbiased and independent presentation of facts, and the proper estimate to be placed upon them. The information thus obtained, aided by careful questioning by court and counsel, would remove a great source of confusion in the minds of the jury, and materially aid them in coming to a correct conclusion. When experts shall no longer be called and paid by interested parties, but solely for the purpose of unravelling the tangled web and eliciting the naked truth, we shall have opinions worthy of being placed on record for future reference and have taken a long step towards building up something like a scientific medical jurisprudence.

MISREPRESENTATION.

We know of no practice more contemptible than that of deliberate misrepresentation, and unfortunately, there are those who seem to have little ability beyond. It is such as these that have done and are doing "Our School" so much harm, and its survival regardless of these "friends," is an indication of strength which will withstand anything! Fortunately, these men are so largely in the minority that their influence is but trifling, and the bragging assumption with which they arrogate to themselves all the knowledge there is of homœopathy, disgusts the majority and they discard them altogether!

The clinical cases, many of them, reported as homœopathic by the class above referred to, will not bear analysis, are anything but what they claim to be, and should be stamped as fraudulent! We are glad to note the growing tendency to rationalism in medicine in all "Schools," and on this is founded the grandest hope for the future!

Medical hair-splitters who play upon words, misrepresent others and brag of their theoretical orthodoxy, are entitled to no place in a profession like ours, and they should be consigned to that more appropriate field where theory can be discussed to their heart's content, and that science which has to do with the protection of human life will be the gainers by their transfer.

The class of men of which we speak have little practical experience, are often of the peripatetic variety, and never would be heard of but for the kindness of some good-hearted editor. With these theorists "One swallow makes a

summer," and they are constantly anticipating wonders which are never realized, because their data is only *idiosyncratic* in character. They lecture our most experienced and practical men upon their ignorance of homoeopathy, and denounce them as mongrels. They spend their time largely in delusive experiments and help to load down our text books with unreliable data which has already made them too cumbersome for practical service.

From an ethical stand-point we claim for every practitioner the right of individual freedom of opinion and action, and insist that science knows no other bondage than a submission of its votaries to *truth*.

In the "Old School" we find another class of falsifiers, but of an entirely different character from the one above referred to, and they belong to the opposite extreme! They err through utter ignorance of the subject which they attempt to discuss! They have lost all confidence in the use of drugs in the treatment of disease, in consequence of an experience based upon an obsolete empiricism which belongs to the dark ages, and should be consigned to that resting-place created only for its kindred, and where it will never be heard of again or interfere with the progress of scientific medicine.

A new era is dawning upon a large class of the progressive men of the dominant school, one of the most important developments of which is the recently organized body having for its object the study of drug action according to a method entirely new to them, but which will bring rationalists of all schools to a common platform.

While we do not propose in this connection to defend our position against the slanders of those who insist upon misrepresenting us, in the face of plain and expressive language to the contrary, we cannot resist the impulse to say that we are willing that our clinical reports shall be the gauge by which we shall be measured in matters pertaining to practice, and the principles of which may be formulated as follows:—

1st. The careful taking of the case both for diagnosis pathologically and for the purpose of the choice of treatment.

2d. The strict individualization of the case as to means to be employed.

3d. The selection of the means, in accordance with the exigencies, whether remedial or otherwise, conforming these agents to the most approved modes of experience, avoiding undue importance to any, and always holding uppermost the greatest good to our patient.

With such axioms for a foundation, none need fear criticism or slander, from whatever source it may come, and they may rest assured that the deliberate falsifier will receive just that reward which his infamous practice is sure to entail!

A MATERIA MEDICA SOCIETY.

A Materia Medica Society has been organized in this city, and Dr. H. G. Piffard read a paper on the "Weak Spots in Our Knowledge of Materia Medica."

The Society starts off with a membership of fourteen active, enthusiastic workers, and we shall hope for results equal to the importance of the enterprise.

Dr. Piffard's paper reviewed the grounds for demanding increased attention to this important department of medicine, and insisted upon greater familiarity with the physical properties of drugs than at present obtains.

He claimed that it became the physician to know all the action of drugs on the human organism, both in respect to their primary and secondary effects, and also in regard to the dose and its repetition. The influence of one drug upon another when a mixture is administered was also considered, as was also the modifying effects of chemical combinations. The special relationship of drugs to particular organs of the body, the relationship of drug action to pathological processes, the influence of drugs in the relief of symptoms, such as pyrexia, pain, etc., were all intelligently set forth. We are glad to chronicle so important an event, and we believe it will do more than any other one thing to reduce the barriers, which, at present, divide us into sects, as the work which this Society proposes to do is much after the same plan as that in vogue in the "New School," and inaugurated by no less a personage than Hahnemann himself.

THE WATER SUPPLY.

Economy in the use of water, beyond certain limits, endangers the public health and lessens the healthful enjoyment of the people. That there is plenty of water which can be utilized for public purposes, we have never seen questioned, and the discussion has been confined to the means of obtaining it. The public has learned to look upon every proposition to increase this supply as in the direction of a "job," invented for the purpose of aiding political ambition, or for putting money from the public treasury into the pockets of politicians and their consorts, the contractors!

This is a shocking admission to make, but it is nevertheless true, and is not without a foundation in fact!

As hygienists we are interested in obtaining a plentiful supply of this most useful element, which is equal to so much in behalf of public health and comfort, and there is no reason whatever, either financial or otherwise, why we should not have it.

The supply should be so free that the poorest inhabitant will not be restricted in its use, beyond that natural economy which should govern our actions regarding all relations in life, and should stop only at *wastefulness*.

During some seasons of the year, the streets of towns and cities so situated as to allow of rapid and free irrigation, should be thus treated, and the filth and dust which might otherwise find their way into our nostrils as we take in the "breath of life," would be carried beyond such a possibility!

It is the duty of the members of the medical profession as special guardians of public health, to take the initiative, and with the aid of suitable engineering skill, submit for the consideration of our legislators, a plan which shall be both practical and efficient in the direction indicated.

The question of removing the reservoir at Fifth Avenue and 42d Street, this city, which removal was

authorized by the last legislature, and the consummation of which has been only delayed by action of the Supreme Court, will doubtless be reconsidered. As long as there is a difference of opinion as to the utility of removal in the minds of the most competent engineers, it were better that the project remain in abeyance. This reservoir might become an important agent in carrying out the plan which we have intimated, and certainly there must be a very curious state of things, if it cannot be made to aid in the supply of water to the lower part of the city, which is greatly in need. This structure is of too expensive and important a character to be destroyed without the most careful consideration, and we should urge our representatives in the legislature to give it that attention which its importance demands.

It is evident from any point of view, that the supply and uses of water, as regards the public health, are of sufficient magnitude to demand the attention of medical men everywhere, and we venture to hope that there may be an interest awakened in behalf of this cause, particularly in this city, which shall result in the promotion of the public health.

PUBLIC HEALTH.

We are pleased to note that the Board of Health of this city has issued a circular letter to physicians indicating a desire on its part for co-operation in the reporting and care of cases of contagious disease. Arrangements have been made so that the physician may report through the nearest Police Station suspected cases. The officers of the Board will carefully consider each case and isolate patients at their own homes where it is possible to do so, without detriment to public health, and the wishes of the physician will always be considered and followed so far as practicable—a consideration eminently wise, judicious, and will operate in the interest of all concerned, as the physician, who should be the best friend of his patient, can be thus made an ally of the Board of Health. We are sorry to say that there has been in the past, pulling at cross-purposes between some physicians and the Board of Health, owing to a real or fancied lack of courtesy on the part of officers of the latter, but from this letter we should judge there would be no danger of such occurrences in the future.

Patients will be removed in a coupé when practicable, and an ambulance will be provided for such as are unable to sit up.

In the case of sickness of a young child, the mother or some member of the family is most wisely and humanely allowed to accompany it.

Facilities for the transmission of letters, etc., to and from the hospital, and hourly telegrams regarding patients can be arranged for, if desired.

Certainly the rules, regulations and propositions are such as will meet the exigencies of any case, and are arranged in a most intelligent and feeling manner.

The Board will also furnish reliable bovine virus gratuitously for the vaccination of people too poor to pay for it.

With all these wise precautions and a cordial co-operation with physicians, we may hope to avoid any serious epidemic of contagious disease.

Should small-pox prevail, we hope the members of the profession will test the "acetic acid cure," both as a curative and as a prophylactic means.

SLEEPING-CAR VENTILATION.

The sleeping-car is peculiarly an American institution. Our long lines of railroads and the intimate business relations existing between distant parts of the country render comfortable facilities for night travel almost a necessity. Thus far, more attention has been paid to gilding, varnishing, and gorgeous hangings than to health. No fixed rules have been devised to keep the air pure and the temperature at the point most essential to health; or if devised they are seldom carried out, but the whole matter is left to the intelligence of a porter or the whim of an occasional complaining passenger. The result is, the sleeping-car, through bad ventilation, and an entire lack of a proper scientific system in governing the temperature, is often the hot bed of disease. The passenger emerges from his bed in the morning not only feeling unrefreshed by his night's sleep, but with an aching head and back, a disturbed digestion, a hacking cough, and those creeping chills which point to coming trouble. Anywhere from two o'clock till morning the fire goes down, lowering the temperature from ten to thirty degrees. When it is perfectly convenient the porter comes in and pushes up the heat until the sweltering passenger in desperation springs from his bed and rushes to the toilet room for a breath of fresh air. The whole trouble could easily be avoided with distinct rules marked out, to the enforcement of which the car conductor should be held strictly responsible. There is no reason why the ventilation and temperature of the sleeping-car should not be almost as unobjectionable as our own bedrooms at home. Give us pure air and a tolerably even temperature, even if in securing them we must sacrifice a little of the elegant upholstery and be obliged to do with less varnish and gilt.

We commend this matter to *The Sanitary Engineer*, whose intelligent dealing with public abuses has been in more than one instance productive of great public good.

CLINICAL EVIDENCE AS IT REGARDS DOSE.

Dr. Arndt, in a recent issue of the *Medical Counselor*, makes a careful analysis of a large number of well authenticated clinical reports representing the various epochs in the history of homœopathy. After going minutely over the cases claimed to have been cured by the crude drug and the various alterations, the following conclusions are reached:

1. "The great bulk of homœopathic practice, from the time of Hahnemann to the present day, has been done with low attenuations.
2. "The prescriptions of low-dilutionists show at least as much skill in prescribing correctly and in individualizing closely as do the prescriptions of high-dilutionists.
3. "It is a fallacy to presume that the present position of homœopathy is due to the labors of men who

advocate the exclusive use of high potencies in the treatment of the sick. History proves the contrary.

4. "High-dilutionism, as such, is not gaining in the number of its converts in the ratio with which the membership of the homoeopathic school is increasing. An examination of the cases reported as cured by high dilutions shows that a comparatively small number of men furnish an unusually large number of clinical verifications and reports, and that high-dilutionism is kept prominent before the profession by the organized and persistent labors of a small but determined minority.

5. "It is good practice, established by the example of our best men, to repeat the dose at regular and appropriate intervals.

6. "Crude drugs may, and do, act homoeopathically, curing promptly cases to which they stand in homoeopathic rapport. The use of crude Quinine, or of any other drug in a crude form, in a case the symptoms of which bear the appropriate degree of similarity to the pathogenetic symptoms of the drug, whether the case be one of intermittent fever or belong to any other disease-group, may possibly not be followed by as prompt curative action as if the drug were given in a diluted or potentized form, but the practice is undoubtedly legitimate, and it may be unavoidable and imperative. Under no circumstances does the administration of Quinine, or any other drug, in a crude form, constitute a violation of strict homoeopathic principles so long as the conditions above stated are met. The practice of our strongest men, living or dead, and the accumulated clinical evidence of more than fifty years of practice prove the correctness of this position."

THE MEDICAL STATUS.*

We have received, with the compliments of the author, a copy of this address, which is so replete with sound common-sense that we take pleasure in quoting from its pages some points which bear upon the present aspects of the medical status. He says:—

"The first topic suggested by the occurrences of the year is by no means a new one, yet possibly interesting because the profession and the public have been placed in juxtaposition with it in more than one notable instance during this period. It is the old question growing out of the relation of our own to the old school of practice, involving the status of those who practice Homoeopathy. Nor should I think it worth while to detain you now with a rehearsal of it, save for the extreme freedom with which our principles and practice are set forth and explained *for us*, and by those whom I fear care little to understand what they declare *ex cathedra*. It is scarcely an assumption, then, if we desire to speak for ourselves on such a matter; and you will bear with me if, in order to be understood by other auditors than ourselves, perhaps, I tell a somewhat familiar story.

"The question then involves to some extent the merits of the system known as Homoeopathy, and has a direct bearing, as well, upon the status of those who conceive it to be a correct method in therapeutics, and practice accordingly.

"With regard to the first point, it is claimed that the 'dogma' put forth by Hahnemann as the combined result of observation and experiment, simply formulates (does not create) a law of drug force—represents, in a word, the relation which drug action bears to disease action in the living organism. His investigations revealed the fact that drugs will always induce disturbances of the organism, 'each after its kind,' which exhibit a marvelous resemblance to the disturbances which obtain in disease. It became plain that this relation, if constant, furnished the key to a generalization in medicine, a therapeutic law, a law of cure.

"The labor of verifying this discovery was begun by Hahnemann, and has been continued with unremitting vigor ever since. It involved the reconstruction of the whole science of *Materia Medica*, upon the basis of physiological provings upon the healthy human organism, now admitted to be the only scientific method of obtaining a correct knowledge of drugs. For this the world is indebted to Hahnemann.

"Just how far this law can be made available 'for the healing of the nations' in the practice of medicine, including surgery and kindred branches, may be difficult to determine with exactness; it is clearly not the only method by which drugs may be employed in the treatment of disease; it is, however, without question, the only generalization at present known to science which offers a scientific basis for the practice of therapeutics. Without doubt the discovery of this therapeutic law marks an epoch in the history of medicine, and is the most important advance that has ever been made toward making the practice of medicine *regular*. Can the old practice point to a single generalization *other than this*? Might we not with propriety inquire what is the scientific basis upon which so called 'regular medicine' is builded?

"There has always been considerable distress among our old school brethren upon the subject of the small doses of Homoeopathy, and they have expounded that also with much earnestness and fluency. But, in the employment of remedies according to the 'homoeopathic dogma,' which is becoming very frequent of late (as, for example, *Ipecac.* for nausea, etc., etc.), they, too, have found that greatly-diminished doses are not only necessary, but more rapidly curative. I might illustrate this necessity by the following: If *Opium* is administered to produce stupor, of course sufficient must be given to obtain this primary effect of the drug; but if called for in a given case of congestion of the brain (as it might be homoeopathically), anyone can plainly see what a fatal blunder it would be to give the dose that would be perfectly proper in the former case. This was Hahnemann's experience; and it may be regarded as a correct therapeutic rule or generalization, although it remains, as it always has been, a matter for the individual judgment of each responsible practitioner. * *

"When Hahnemann offered for the irregular methods of the 'regular' school a systematic basis for therapeutics—formulating his famous maxim, '*Similia similibus curantur*'—it was so different from the existing order of things, and partook so much of Method that a distinctive name became a necessity, and thus the word Homoeopathy (like affection) came into existence, and has ever since been a 'rock of offence.' Had this principle of drug action been recognized by the profession at large, as good judgment might have suggested, there would have been no such word as Homoeopathy; there would have been no 'sectarianism'; and the prevailing practice of medicine would have been a science in fact as in name. Instead, however, the publication of his discoveries, and his criticisms upon the prevailing fallacies of the schools, aroused the most virulent opposition, subjecting him and his theories to derision and contempt. This, in turn, made the reformer more unsparing in his exposure of these fallacies, and perhaps drove him also into certain extremes of both theory and practice. He proceeded, to the best of his ability and knowledge, to construct a *rationale* of this law of drug action, and, in lieu of the absurd pathology which prevailed, he advanced his own theories of disease. While much of this work stands unremoved to-day, some of his speculations have not stood the test of time and recent discovery; furnishing text for much flippant criticism by those who forget their advantages of three-quarters of a century notable for its advances in pathology and kindred sciences—forgetting, too, that Hahnemann himself overturned much of the erroneous pathology then held by the scientific (?) men of his day.

* An Address delivered before the Hom. Med. Soc., of Pa., Sept., 1881, by the President, J. H. McClelland, M.D., of Pittsburgh.

Clearly, however, his theories or hypotheses cannot invalidate the facts which he established. * * *

"While deprecating the spirit of antagonism and lack of professional courtesy which has characterized the old practice in its relation to us, we rest upon this point of good taste, and I think the sentiment is shared by every member of this Society; namely, that we have not the least desire for association, professionally or otherwise, with any person or school where it would not be mutually and entirely agreeable. * * *

"My own view is (and it is shared by many) that the title 'Doctor of Medicine' is sufficient and includes Homœopathy as a part of medical science, carrying with it the right to select a medicine according to one's best judgment, without being subjected to even the mild stigma of 'irregular.'"

These sentiments entirely accord with our own, as already manifested in our editorial columns.

HAHNEMANN'S MEDICAL TRAINING.

Our esteemed London correspondent, Dr. John H. Clarke, has been allowed (1) to argue our cause in the *Medical Times and Gazette*, in several communications. Among many good things, he says in reply to the Editor's assertion in regard to Hahnemann:—

"As for his medical training being very poor, the statement is misleading. Judged by the scientific standard of to-day, he had, no doubt, a very poor medical training; but then it was infinitely superior to the training Harvey had, or any of the heroes before him, for they in their college days were not taught the circulation of the blood. It would be just as fair to discredit Harvey on the same grounds. Harvey wrote concerning the blood, as Professor Huxley has lately told us, that it maintains and fashions all parts of the body: 'idque summâ cum providentia et intellectu, in finem certum agens, quasi ratiocinio quodam uteretur.' Hahnemann never wrote anything more absurd than this. And yet no one thinks of denying Harvey's greatness, or of grudging him his monument, because he knew nothing of protoplasm. In Harvey's day, and for some time after him, there was a despised medical sect called 'Circulators' because they believed in the circulation of the blood. After a time the medical world came to admit that the sun did shine, and that the reason they had failed to see it was that they had resolutely kept their eyes shut. Then all believed in the circulation of the blood, and the sect of the Circulators ceased to exist. So it is with homœopathy now. Its adherents are at present a despised sect. The time is coming when the sect of the Homœopaths will become extinct as did that of the Circulators of old.

"Hahnemann's peculiar dosage was not the result of persecution, but one of the causes of it. Apothecaries could not, or would not, make up his prescriptions—they were paid according to the number and quality of the ingredients—and prosecuted him when he made up his own, even when he gave his medicines away. His taking to small doses was a mere matter of practical experience, and not the fruit of preconceived theories. That there is such a thing as *potentiating* a medicine by *attenuating* it, the superior efficacy of hydrarg. cum cretâ over the crude metal is sufficient evidence to show. If there were no more, as there is plenty.

"Homœopaths, as a rule, do not bind themselves down to every utterance or every practice of their master. They hold themselves entirely free to use their own judgment."

BAD EFFECTS OF TOBACCO-USING IN YOUTH.—Dr. Magruder, Medical Examiner, U. S. Navy, says that one out of every one hundred applicants for enlistment in the Navy is rejected because of irritable heart arising from tobacco-poisoning.—*Sun. News*.

BIBLIOGRAPHICAL.

THE AMERICAN HOMŒOPATHIC DIRECTORY AND YEAR-BOOK. In accordance with an understanding had with Dr. Pettet, publisher of the *North American Homœopathic Directory*, 1877-78, Dr. P. Dudley, of Phila., will issue early in the coming year, a work as above entitled. It will include, First, a *Directory* of the Homœopathic Physicians of North America. Second, *Homœopathic Societies*, National, State and Local, with times and places of meetings for the year 1882, etc., etc. Third, *Public Institutions*, colleges, hospitals, public Dispensaries, Asylums, "Homes," etc., in which homœopathy is taught or practiced. Fourth, *Literature*, Titles of books, journals, pamphlets, etc., issued during the past year, with name of authors, editors, and publishers, and size, style, and price. Fifth, *Public Medical Service*, Homœopathic Physicians acting as members of Health Boards, Pension Examiners, Surgeons in the army, navy, national guard or militia, physicians in government hospitals, prisons, almshouses, etc., etc. Sixth, *Legislation*, enacted in 1881 specially affecting the rights and privileges of Homœopathic practitioners.

The completeness and accuracy of such a publication must depend almost entirely upon the aid voluntarily furnished by physicians in all parts of the country, and they are earnestly urged to send at once, by postal-card, full name, State, country, post office, and if residing in a large city, the street and number with particularity! Officers of societies and public institutions, publishers, etc., are requested to forward, at once, such information as is above indicated.

The work in paper cover, will be sent to each physician who takes the trouble to forward his name and address, or who, in any other way, aids in its preparation. A few copies will be neatly bound in cloth for sale at one dollar each upon application, not later than Jan. 1, 1882.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL IN TREATISES, by various authors. Edited by T. Holmes, M.A. First American from Second English Edition, revised and enlarged by John Packard, A.M., M.D., assisted by a large corps of the most eminent American Surgeons; in three volumes, with many illustrations. Vol. II.: Diseases of Organs of Special Sense; Diseases of Circulatory System; Diseases of Digestive Tract; Diseases of Genito Urinary Organs. Philadelphia: Henry C. Lea's Son & Co., 1881.

The system adopted in the preparation of this magnificent Encyclopedia of surgery is the same as in Reynold's System of Medicine. Each subject is treated by one of the ablest specialists in that department in England, and revised by the best talent in this country, so that in addition to the original text, American thought is fully represented. The size of the work gives an opportunity for a full discussion of each subject. The illustrations are ample, many of them being in colors. The typography and general get up of the work are in the publishers' best style. The low price at which the book is issued and the complete picture it presents of the whole field of surgical science from the standpoint of some of the ablest minds in the profession, will be sufficient to place it in the hands of every physician in the country who desires to be fully up in his profession.

OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD. Perpetual. Boston: Otis Clapp & Son.

This little book is arranged for sixty patients per week, contains obstetrical calendars, poisons and their antidotes, and much other valuable information.

THE STUDENT'S MANUAL OF VENEREAL DISEASES.

Being a Concise Description of those Affections and of their Treatment. By Berkeley Hill, Professor of Clinical Surgery in University College, London. Surgeon to the University College, and to the Lock Hospitals. And by Arthur Cooper, late House Surgeon to the Lock Hospital. Second edition. New York: Wm. Wood & Co. 1881. Pp. 62, 8vo.

This little brochure is a brief summary of venereal affections, and especially designed for those unacquainted with the disorders of which it treats. The work is written from a dualistic stand-point, and is eminently modern in all its characteristics.

It is not a little striking to observe the change which has obtained in the treatment of this class of diseases, and as "sloughing action at the point of inoculation is no preservative against syphilis," as stated by the authors, the old plan of cauterization with *Nitrate of Silver* is quite properly entirely omitted from the armamentarium of medical means, and in its place we find *Iodoform* and various preparations of *Mercury*.

The authors assert that in small doses *Mercury* is tonic, promoting the action of the liver and digestion generally, and then the aim should be to limit its action to this effect, as all the useful influences are usually attained when the slightest possible sign of its effect is betrayed by the gums.

According to our experience the mode of treatment recommended in *Syphilitic Iritis* would only meet one case in a large number. Of two evils we choose the least, and accept the *Atropine* for its physical effect upon the iris, and then we individualize our remedial as well as our local means.

Hot fomentations are sometimes of very great service in the terrific pain which usually accompanies this affection, but we have met with cases in which it produced aggravation rather than amelioration, and in such cases have found cold applications to result in the greatest comfort.

In these adjuncts it seems to us that we should follow nature's own indication to be found in the individual idiosyncrasy, rather than attempt to insist upon the carrying out of a theory at the expense of a suffering victim.

We have observed rapid recovery in these cases follow the internal administration of *Mercury* in its various combinations, *Cinnabar*, *Kali bich.*, *Kali iod.*, *Rhus tox.*, and many others, prescribed strictly upon the individuality of the case and of the drug action.

The sixty-five formulæ which accompany the work indicate a tendency in therapeutics toward individualization which the modern therapist will insist upon. It will not be sufficient to the therapist of the future that *Mercury* is administered in a particular case, for he must know which one of its various preparations has been used, each of which is different from the other, with its particular indications for application according to its own individuality.

We welcome with great pleasure this growing tendency to individualization, both in respect to therapeutic and other means.

SUPPRESSION OF URINE. CLINICAL DESCRIPTIONS AND ANALYSIS OF SYMPTOMS. By E. P. Fowler, M.D. Ninety-three Clinical Cases, with Illustrations, Tables and Diagrams. Wm. Wood & Co. 1881. Pp. 66, 8vo.

The author commences his work by reporting a case in which there had been ten days and two hours of total anuria, without the slightest disturbance of the mind, neither had there been any subsultus. The autopsy in this case revealed the right kidney weighing fifteen and one-half ounces, which contained on the pelvic border, above the hilum, a cyst, about three centimetres in diameter, containing a thin, amber-colored fluid. The left kidney had wholly disappeared, leaving no trace of

true renal structure, and in its place was found a cyst. Dr. Fowler says that in reviewing cases of anuria he is especially impressed with the fact that sudden and total urinary suppression in absence of other acute illness or of poisoning, is nearly always co-existent with the presence—physiologically at least—of but one kidney; it is so much the rule that nine times out of ten it would be safe to express such an opinion. In regard to the direction usually taken by renal cysts in their expansion, the analysis of nearly one hundred cases shows that, as a rule, they migrate to the opposite side from which they originate.

In the case reported, *Hydrocyanic acid* and *Arsenic* were the only remedies whose influence was of sufficient importance to demand mention.

To the report of this case is added a *résumé* of ninety-three others arranged as follows: *First*. Including those in which the urinary apparatus was the primary seat.

Second. Those in which anuria was an accompaniment or result, etc.

Third. Resulting from extraneous poisons.

Fourth. Cases with doubtful causes.

The clinical data thus presented will aid in clearing up the diagnosis of doubtful cases characterized by suppression of urine, and we are glad to observe that the work has been brought down to the clinical stand-point of the present.

WALSH'S PHYSICIANS' HANDY LEDGER. A Companion to Walsh's Physicians' Combined Call-Book and Tablet. R. Walsh, M. D. Washington, D. C. Price \$3.50.

As the title indicates, this book is "handy," each page covering space for entries for every day in the year, so that a glance will show the transactions with any client during this time.

For those who keep their own accounts, there can be none more simple and practical.

WALSH'S PHYSICIANS' COMBINED CALL-BOOK AND TABLET. Sixth edition. Washington, D. C.: Ralph Walsh, M.D.

Beside answering the purpose of a call-book, it contains much reliable information of various kinds for use at the bedside in the most convenient form.

The fact of this being the sixth edition is sufficient endorsement of its value.

WOOD'S STANDARD LIBRARY.—The two last issues of this excellent series, Lyman on Anæsthetics, and Pavy on Food and Dietetics, are among the best yet published. Dr. Lyman's treatise is written in almost classical language, and gives not only the action of the various anæsthetics, but discusses in an exceedingly interesting manner the philosophy of sleep. Dr. Pavy's work on Food and Dietetics is a thoroughly scientific and practical treatise. Particular attention during the past few years has been given to the subject discussed here, but we know of no systematic treatise previous to the issue of Dr. Pavy's work which has incorporated the information found in this volume.

THE UNDEFINED POISONOUS QUANTITY OF MORPHINE.—According to Dr. A. S. Hudson, the curative dose is undefined; the quantity is whatever is needed for the case in hand. The amount required to destroy life is likewise undefined; so that in some constitutions the drug is not poisonous in any known quantity. After citing several cases in confirmation of his views, Dr. Hudson concludes: "Therefore, there is no telling beforehand what will prove a fatal dose of *Morphine*; nor is there any telling after a recovery from its threatening power what was the curative agent."—*Phil. M. & S. Reporter*, May 28.

CORRESPONDENCE.

IS DYNAMIC PRACTICE HOMŒOPATHIC?—A
REPLY.

Reverence for the dead, loyalty to the living, and a decent regard for myself are the incentives to the writing of this paper. If, in the course of it, I get beyond "blood heat" let it be ascribed to memories which fire the heart with fervor.

In apprehending Dr. Paine's query, I am obliged to address myself incisively to *him*, but at the same time, I trust he will share all I may say to him with all who are in sympathy with his views. Let me add that I hope the supply will reach around.

In the first place, I wish to ask Dr. Paine if he deems it manly to classify such a physician as Carroll Dunham with such doctors as a Lippe, a Swan, *et id omne genus*?

For my own part, and as one who is as ready to give a teaspoonful of a mother tincture as a powder of the 200th, I indignantly protest against such an unjust and ungentlemanly procedure.

And in making this protest I desire Mr. Paine and all of his kind to know that I stand as firmly for the pathogenetic and therapeutic potentiality of a 200th, as if every vagary of "Dynamism" were the child of my own brain. At the same time, I hold these vagaries as cheaply in esteem as the most rigorous materialist can desire. At the same time, too, I also spurn with pitying contempt that affectation of "scientific" superiority for which Dr. Paine and all of his kind are distinguished.

What is this "Science" but *knowing*, and where is the evidence of *their* knowing? They have carried this discussion into the arena of physical science, and sorry is the fate of the impostor who attempts to attitudinize *there*! Only a Roman could appeal unto Caesar, and only a Scientist should appeal unto Science.

Having made that appeal, if he is shown to be an alien, away with him!

Now let us enquire if Dr. Paine is even an adopted citizen of this realm of Science. Well, we have the following utterances from him: "*Dynamization an element of force.*" "It is an element of force, developed by agitating the contents of the vials." "Nor that it is brought about by immaterial force." "Against the assumption that it is *homœopathic force.*" In all these phrases, the "constant" to which I would call attention is the word "force."

Did Dr. Paine even dream that he was writing himself down for as empty a pretender as ever posed before an ignorant crowd. Could he have even dreamed that his use of the terms employed by scientists would cruelly "give him away?"

Dream, or no dream, such is the pitiful fact; and isn't it doubly pitiful if he who writes this must demonstrate that it is a fact for many of those who read this? This he will not stoop to do, deeming those to whom it is not patent as unworthy of notice.

Alas, Dr. Paine writes even "*immaterial force*;" and can any *Dummkopf* resist that?

To write conscientiously for or against dynamism demands a "scientific" conception of Matter, Force, Energy, and Work, and Dr. Paine has yet to demonstrate that these are to him anything but names which he uses as a parrot might.

I repent me of my expressed determination to not make a demonstration of Dr. Paine's lack of definite knowledge, and I will now make evident his scientific emptiness. In so doing I shall quote solely from a lecture on "Force" delivered by Prof. P. G. Tait before the British Association at Glasgow, Sept. 8, 1876.

The learned lecturer says:

"If one has a right to judge of the general standard of popular scientific knowledge from the statements

made in the average newspaper—or even from those made in some of the most pretentious among so-called scientific lectures—there can be but few people in this country who have an accurate knowledge of the proper scientific meaning of the little word *FORCE*.

"We read constantly of the so-called 'Physical Forces'—Heat, Light, Electricity, etc.,—of the 'Correlation of the Physical Forces,'—of the 'Persistence or Conservation of Force,' To an accurate man of science all this is simply error and confusion."

When one essays to "deal with the fundamental terms of a science" he says:

"He who has not exactly caught their meaning is pretty certain to pass from chronic mistakes to frequent blunders, and cannot possibly acquire a definite knowledge of the subject."

I sincerely trust that my old acquaintance, Dr. Paine, has not yet got beyond the acute stage.

Our lecturer continues:

"Perhaps no scientific English word has been so much abused as the word 'force.' We hear of 'Accelerating Force,' 'Moving Force,' 'Centrifugal Force,' 'Living Force,' 'Projectile Force,' 'Centripetal Force,' and what not. Yet, as William Hopkins, the greatest of Cambridge teachers, used to tell us 'Force is Force,' i. e., there is but one idea denoted by the word, and all Force is of one kind whether it be due to gravity, magnetism, or electricity. This, alone, serves to give a preliminary hint that (as I shall presently endeavor to make clear to you) there is probably no such *thing* as force at all? That it is, in fact, merely a convenient expression for a certain 'rate.' * * * * *

"But what I have already said as to the meaning of Newton's two first laws leaves absolutely no doubt as to the only definite and correct meaning of the word Force. It is obviously to be applied to any pull, push, pressure, tension, attraction or repulsion, etc., whether applied by a stick or a string, a chain or a girder, or by means of an invisible medium such as that whose existence is made certain by the phenomena of light and radiant heat, and which has been shown with great probability to be capable of explaining the phenomena of electricity and magnetism."

"Thus it appears that *force* is a mere name; and that the product of a force into the displacement of its point of application has an objective existence."

But, I must refer Dr. Paine, *et id omne genus*, to the complete lecture as he will find it in Prof. Tait's *Lectures on Some Recent Advances in Physical Science, with a Special Lecture on Force*. Second Edition, Macmillan & Co., London, 1876.

Meanwhile, it is evident that Dr. Paine uses the word "force" as the old woman did the sesquipedalian *Mesopotamia*: "because it sounds so nicely." His astounding lack of definite knowledge is demonstrated by his using the words "immaterial force;" and when he calls "dynamization an element of force" (as if 'force' were composite), meaning (if he had any meaning) that *dynamization is a form of energy*, he at once avows himself as one who writes against "Dynamization" from prejudice and not from knowledge: he has placed himself in the discreditable position of assuming to judge a scientific subject without having one single scientific qualification therefor, and of such dishonorable displays we have had more than enough.

It matters not that the physical fact of Dynamization has been brought into discredit by the crass ignorance of many of its advocates; it nevertheless remains a *fact* with which all contradicting Science must eventually reconcile itself. Counterfeit "scientists" and "pretence" "microscopists" may darken the air with the smoke-clouds of impotent Disbelief, and all the while the eternal Fact is shining behind the clouds and even through them.

Do men who wish in their hearts to discern a truth make a smoke, fill the air with stench and darkness as a means of *seeing*? Are not the "bogus" scientists, and

quasi microscopists trying the cuttlefish trick of endeavoring to escape in a cloud of ink? The next century with its sounder Science will write the reply in unmistakable English. Why, in not self-limited bone diseases, Silica 30th, singly and alone, will put the whole army of piddling pretences to rout, and for all time!

So far, then, as Dr. Paine is concerned I shall wait until he qualifies himself before I attempt to discuss dynamization with him. I have, however, a little to say to him in regard to his question—*Is Dynamic Practice Homœopathic?*

What difference would it make with gravitation if Newton had broached an erroneous hypotheses thereof? Under the same conditions apples would go on falling because the fact of gravitation is. Is Hahnemann's "Dynamism," as a physical fact, at all affected by any of his erroneous hypotheses regarding it? At the very worst, they can only show by their contradictions the infirmity of a really great mind and lessen our confidence in all his endeavors to explain phenomena. Even if we admit, as we are indeed obliged to do, that Hahnemann's *Natron* statement is an absolute self-stultification, what possible influence can this have upon the fact of dilution? The products of these dilution processes are entirely independent of any hypotheses: they appeal unto Cæsar demanding trial.

Now, is the integrity of an Arsenic dilution impaired because, forsooth, a Lippe makes dilutions of cane sugar? Science has its parodies as well as Literature, and we simply mistake it sadly when we regard the parodist as if he were a philosopher. All the foibles of a fool, or a philosopher, cannot affect a fact.

In the trial of these dilution-products, there are, then, two factors of which we must take note, namely, *work* and *energy*. In every "cure" and in every "proving" some work is done; and whenever work is done some energy does it.

Dr. Paine demands the proper kind of testimony by which to establish the validity of a "cure" by these dilution products. Well, there is but one and the same evidence for both material and dynamic doses, and that is the strict parallelism between the drug symptoms and the disease symptoms. This parallelism is a matter of *quality*, not of *quantity*, it is the "like."

But, says, Dr. Paine, there is something in my dose, and there is nothing in yours. Very well; but Dr. Baytze uses Silica in grain doses of the crude,* and Dr. Paine gives grain doses of the sixth decimal, and Dr. Baytze says to Dr. Paine—Pooh! what can your millionth of a grain do? Then Dr. Paine appeals to what *his* dose has done; and the very argument which serves Dr. Paine will also serve the dynamist with *his* dose.

Dr. Paine says to Dr. Baytze, My results demonstrate that you have given more Silica than is necessary. Why may not the dynamist say the same to Dr. Paine? But, says Dr. Paine to the dynamist, I can make a physical demonstration of a millionth of a grain of Silica, and thus prove that there is something in my dose, while you cannot demonstrate the decillionth of a grain of Silica in your dose. Says the dynamist, nor can you make a physical demonstration of a trillionth of a grain of Silica, and yet your materialists use the twelfth decimal and say that their results show that you have used more Silica than is necessary. In other words, Science recognizes the physiological, and the therapeutical test as well as the chemical and the microscopical, and we are enabled to feel the molecule which the eye may never discern.†

I am by no means going to insist that every cure is a drug result. I claim to be as extensively read as Dr.

*Edinburgh Medical Journal, Vol. XX., p. 420.

† Put what is the size of the molecule? This we can scarcely at present conjecture. It has been thought that the microscope might in time solve this question. Considering its late exploits under improved objectives we may well wonder if in time it will not show us the actual molecule of at least some forms of matter. INFINITESIMALS: an Address delivered before the Alumni Association

Paine, and as healthily sceptical as a well-read man ought to be, and will be if his reading is fruit-bearing. I believe, therefore, that other energies than drug energies cure. I hold, however, that a cure with a large dose of a drug is more open to the suspicion of having in it the influence of the "energy" of the patient's mind than is a cure made with an intangible quantity of a drug. Has not Dr. Paine seen patients who were sure nothing was being done for them until an invincible purgative proved the prowess of the physician? Are there not clothes-wearing bipeds to whom a copious stool is the *ultimum bonum*, and do not such date the beginning of their "cure" from that delectable event? Has not Dr. Paine seen the infinitesimal *similimum* do its work in such an organism so quietly that neither the imagination nor the bowels were moved?

The quantity of a drug can make its *quality* very evident, and a very evident quality can the more markedly impress the mental "energy"—call it "imagination," or what you will; and, hence, I say a cure made with an intangible quantity having in it a non-perturbing quality is the less open to the suspicion of being due to mental "energy." Indeed, how often has the infinitesimal *similimum* done its cure-work in the face of the active incredulity, yes, the scoffing incredulity of the patient!

But, I am forgetting that Dr. Paine recognizes *dynamic* cures, and that his question is—Are they, *homœopathic*? Of course, I do not know what Dr. Paine understands by "homœopathic" practice; nor do I care. To the average mind it is not a question; to Dr. Paine it is probably a practice which employs demonstrable quantities of a drug, and to very many of us that demonstration is irrelevant. We have learned by hard knocks that quantity determines quality, other things being equal, and we know, too, that *energy*—the capacity of doing work—can demonstrate operating qualities in quantities that are absolutely inconceivable; all of which Dr. Paine also recognizes in what he calls "Dynamic" cures.

From all of which it follows that, if *dynamic*, and *homœopathic* practice use the same symptom-premises in selecting the remedy they are in essence the same. A roast pig is a roast pig whether the cook consumes a house like *Ho-ti*, or only a basket of chips in the roasting. And, in fact, we credit the chip-using cook with having the superior anterior lobes—quite an item in Science, you know.

Now, into the before-mentioned symptom-premises the question of *quantity* does not enter: it is a question of *quality*—the quality of resemblance, the "like." To determine the resemblance between disease symptoms and drug symptoms both "homœopathic," and "dynamic" practice must have recourse to the *Materia Medica*, and that *Materia Medica* is made up of provings with both *dynamic*, and *homœopathic* dilutions. Here we find the *quantity* of the drug proven performing a very important function: none other than that of determining *quality*. Take the Vienna provings of *Natrum muriaticum* as an instance. Hahnemann proved it with globules of the 30th dilution, and of the re-proving Watzke says—

"I am, alas! (I say alas! for I would much rather have upheld the larger doses which accord with current

of the University of Michigan. By T. F. Wilson, M. D., Professor of Principles and Practice of Medicine.

It is gratifying to find such "scientific" knowledge in an "International," and to know that our homœopathic alumni are being duly posted in the very latest "scientific" wrinkles. To be sure, Clausius, Clerk-Maxwell, and Boltzmann have been teaching that the molecules of matter are in incessant motion; that in a mass of hydrogen at ordinary temperature and pressure, every particle has on an average 17,700,000 collisions per second with other particles; and that "the particles are moving at a rate of something like 70 miles per minute."

Such a particle an "International" wonders "if in time" he will not see. He wants to see it in order to determine its "size." How an "International" would measure such a dancing molecule only the genius of a Lippe can conceive. But, Homœopathy bears the belt in the University of Michigan.

views), I am compelled to declare myself for the higher dilutions. The physiological experiments made with *Natrum muriaticum*, as well as the great majority of the clinical results obtained therewith, speak decisively and distinctly for these preparations."

If, then, Dr. Paine in his "homœopathic" practice essays to realize all the possibilities which are in *Natrum muriaticum* he must first eat a larger leek than Sir Hugh Evans forced down the throat of Ancient Pistol.

We cannot follow this subject any farther until Dr. Paine tells us exactly what he means by "homœopathic" practice, and even when he has done this the game may not be worth the candle; meanwhile, it will be apparent to all save Dr. Paine that "dynamic" practice is "homœopathic" practice when it is based on legitimate symptom-data.

Moreover, it is to be hoped that not only Dr. Paine will hereafter be honorable enough to discriminate between such a "Dynamism" as a Dunham accepted and demonstrated, and that of a Fincke, a Swan, and a Skinner.

Dunham's "dynamism" involved no explanatory hypotheses; it asked only sufficient gray matter to receive demonstrations and to oblige conviction.

That other "dynamism" reminds one of Le Vaillant's experiment with the turtle: he took out its brains and filled the cranial cavity with cotton, and the turtle went on and performed its turtle functions as if nothing had happened.

S. A. JONES.

ANN ARBOR, Mich., Nov. 25, 1881.

ON THE PRESENT STATE OF HOMŒOPATHY IN AMERICA.

III.

THE SOCIETIES.

"Something is rotten in the state of Denmark."

—Hamlet.

Majorities may organize, minorities must. Homœopathy in America was quick to discern the secret of organization, and it founded the first National Medical Association. It was a commendable policy, having its root in the instinct of self-preservation.

When men combine for self-defence, the King-seeking instinct awakens into activity. The very root of our word *King* evinces this instinct, for he is the *knowing* one, the *able* one; the God-appointed, or the Devil-sent. If the latter—and your Devil is exceedingly fecund—self-preservation soon degenerates into self-aggrandizement.

Now, your Yankee does not propose to take a back seat for even the Devil—not he! A "King" will do for your effete Germans, and French, and English, but your Yankee, cradled in Liberty's arms and fanned to sleep by the American Eagle, can breathe only in a Republic: and when had a Republic ever a King! From King-craft your Yankee divorces the King, keeping the craft without the Kingliness. O 'cutest of creatures, knowing that in himself is much of craft and not a possibility of Kingliness! I have always been shy of those over-wise ones who could have offered valuable suggestions had they been present at the creation; nevertheless, I am impelled to suggest, with due humility, that had the old Serpent tackled an average Yankee his posterity would have the Garden of Eden as a freehold, and—have realized a fine rent from it as a Beer garden.

The Yankee chose a President. "A King," said the 'cute one "may have in him much of rascality. No 'King' for me!" As if, O 'cute one, there were any choice between rascality in ermine and rascality in rags! But, even then, our "first society" would surely choose a King-rascal, he having, at least, a foolish fondness for clean linen. And, even worse, O 'cute one, a King may have in him large possibilities of rascality, being, like

us, of the earth earthy; but where, oh, where, by any accident whatever, did ever a possibility of Kingliness emerge from rascality?

A "President!" O Yankee, the Devil holds Eden "by divine right." Go hide thyself, degenerate thing; thy parent is ashamed of thee! A Presidency is a prize for which all rascality whatsoever may compete, and ballot-stuffing is made one of the fine arts. Kingship confines its rascality to *one family*, and we may happily learn the family-method, and countermine successfully; or we may even win a Magna Charta—the like of which no "President" can ever give. But thou, O Yankee, hast devised a "President," and, of a truth, the Devil hath outwitted thee! *Polmam qui meruit ferat.*

The American is a politician *ab ovo*, and there is a tradition that he learns "parliamentary usages" *in utero*. This ante-natal apprenticeship gives him the start of all creation, and in any "organization" known to men he stands erect in all the consciousness of his *Liquor Amnian* advantages. He has also found that for "the marriage of true minds" a ring is requisite, and he ever and always recognizes the magic of the "ring." He knew the kinetic energy of the "ring" long before Sir William Thomson had dreamed of a "vortex theory," and he is proud to know that he has outstripped Science in solving the secret of Nature—all potentiality is in "rings."

Thus armed and equipped, this pre-parturient puissance in the fulness of time found himself in the arena of the *Medical Society*, wherein he will render an account of himself to gods and men.

There is much of the grandly pathetic in the founding of that first *American Homœopathic Society*; and it is with a glad bound of the heart that a lonely exile in these unfriendly wilds finds it to have been: THE NEW YORK HOMŒOPATHIC PHYSICIANS' SOCIETY. Aye, a little band gathered side by side for that *touch of the elbow* which puts the combined courage of all the Great Hearts into each heart. Soldiers, South and North, gray and blue, will know what I mean.

Through this source came THE AMERICAN INSTITUTE OF HOMŒOPATHY, on the 10th, of April, 1844. Only one bad omen attended it all—it was the fools' month. Eheu!

The benefits of organization were quickly felt, and in due time State and County Medical Societies were founded, and also Medical Societies which knew no such geographical boundaries.

A proper regard for truth in recording the *Present State of Homœopathy in America* and a laudable desire not to attempt to poise a pyramid on its apex, lead me to treat first of the *American Institute of Homœopathy*.

The thinnest and the lightest part of a pyramid is at the top and so is the *American Institute of Homœopathy*—at the top (for perspicuity is one of the elements of rhetoric).

This organization presents itself in two aspects: its policy, and its products. Of these I shall speak from a membership of thirteen years—three of which, I am obliged to add, are at the present writing unpaid for! Alas:

"Man proposes, but God disposes!"

The policy of this august body seems to be, "Heads, I win; Tails, you lose"—a sort of life-insurance which pays its own premiums. And, speaking of Life Insurance, it is a National Association which is largely instrumental in advertising a New York City Life Insurance Company. Many an envelope have I received, bearing the seal of our NATIONAL ASSOCIATION, which contained a snug package of documents designed to convince me that the temporal salvation of wife and womb-fruit, and the welfare of the second husband, depended solely upon my having a policy in *that* Life Insurance Company! For wife and womb-fruit I have had many an anxious hour and many a heavy heart—the second husband I can safely leave to my mother-in-law.

This procedure on the part of an officer of the *American Institute of Homœopathy* reminds me of the Yankee who peddled peanuts at his wife's funeral, saying, he didn't often get a chance to combine business and pleasure. It has also the extraneous advantage of immensely enhancing the dignity of *The American Institute of Homœopathy*!

But what does this peculiar policy entail? Simply a presidency for those who have sold diplomas, the right hand of fellowship for those who have bought diplomas, and membership for those who never had a diploma. All this necessitates the existence of a "ring," and such there is in it as well-disciplined as though a Tweed had been its *deus ex machina*. Not the stars, but this "ring" determines the horoscope of the *American Institute of Homœopathy*. It makes Presidents, puts the appropriate man at the head of each Bureau, and with a pious regard for hygiene, provides that the dirty linen of the *American Institute of Homœopathy* shall never be washed. Burned it cannot be; buried it should not be; washed and disinfected it shall not be. Oh, what a job of buck-washing, were it to men or angels possible! But where the *fomites* is in the very heart, even vigorous buck-washing is only Love's Labor Lost. Alas, rascality defies all deterrents; and if perchance committed to the flames "even in its ashes burn their wonted fires." How long is it since its very officials were assiduously walking backwards, like Noah's son, to fling the mantle of an iniquitous silence over a ring-master who had committed the Spartan indiscretion of being found out?

O *American Institute of Homœopathy*, fit scion of American politics, something akin to pithy pleads,

"No further seek its merits to disclose
Or draw its frailties from their dread abode."

Our State Medical Societies are largely "run" by similar machinery, though on a smaller scale. Indeed, a faithful apprenticeship in a State Medical Society prepares for a master's apron in the Institute "ring." A State Society also provides ample material with which a designing knave can accomplish any nefarious purpose. It is even upon record that the machinery of a State Society can be employed to suborn testimony and defame character, while the flimsy screen of being a duly appointed "Committee," safely defies the sword of justice. It is also upon record that the machinery of a State Medical Society can elect to its presidency, and to other offices of dignity and trust, men who were never matriculates of any college whatsoever, and so potent are these "rings" that they can put a legally unqualified practitioner into any office within the bestowal of the Society.

With such a condition of professional morality why stop to consider the scientific value of the Transactions of such Societies! Do men gather figs from thistles?

But some of these Society Transactions will be urged against me, and, I am glad to add, with truth. Both History and Science can point with pride to the "*Transactions of the Homœopathic Medical Society of Pennsylvania*" in particular, and there is much in the Transactions of Societies in Sister States which is by no means only "leather and prunella." Indeed, when any body of men whatsoever is wholly without salt, it stinketh, and will not "keep" in any climate!

We come now to Societies which are confined to a more limited geographical area. These are County Societies, special Societies, as the *Medico-Chirurgical*, and those which are pleased to be known as this "Club" or that.

Toward these the heart warms. *Acta non verbis* could with justice be written upon their escutcheons. Their machinery is of the simplest, and is designed solely for WORK. Of these, *man for man*, the *Allegheny County Society* is indisputably the ablest. Zeal and scholarship have joined hand in hand, and, while their work is most praiseworthy, their example bears the bell. I call it a model Society—a hive which either

has no drones, or judiciously fills their mouths so effectually that they are never heard.

Of Clubs the *Hahnemann*, of Philadelphia, is worthy of the Mecca of American Medicine. Its members are not so uniform in calibre as we have them in the *Allegheny*, and we find among them a few "smooth bores," very loud in report, and very uncertain in execution; but this Club has in it many of the best rifled pieces, which are good for the bull's eye at a thousand yards.

The *Medico-Chirurgical Society of New York City* is, among our American Medical Societies, unique. Each member must be weighed in the balance, and the demand is inexorably sixteen ounces to the pound. This Society is also largely humanitarian—it doesn't despise a man because he is an "allopath." This Society has not

"narrowed its mind,

And given up to party what belongs to mankind."

Its only "Open, Sesame" is scientific stature, and not the shibboleth of any 'School.' This Society demands an inaugural thesis in which it is *de trop* to say the "immortal Hahnemann" more than three times on a single page of *MS.*; and this Society has already published some theses, and some translations, by men each of whom is "every inch a King" in Medicine. Of all our Societies and Clubs absolute scholarship has reached the high-water mark in this. Much of comfort, and of good hope do I find in all this. It pronounces the immortality and the unity of *all* truth. It takes your cherished fragment thereof, and my pet specimen thereof, from you and from me, and with them "restores" the divine original from which they have been chipped; and it tells of a day when you, and I, and all men, can find Truth only in her unity, and, though our tongues be many, can worship her at only one and the same shrine. God hasten the day!

I deem it also of much significance that the moulding spirits, the guiding spirits, the ruling spirits, in fact the soul of these Societies, are the younger men. Plastic yet self-reliant, catholic yet conservative, courageous yet humble, seeking Truth for her own sake, and so thin a veil between them that they can hear the rustle of her garments:

"I hold it truth, with him who sings
To one clear harp in diverse tones,
That men can rise on sleeping-stones
Of their dead selves to higher things."

Hail, all hail, O thou great Benefactor, Death!

But the Societies of Homœopathy in America are very largely the victims of unhappy circumstance. Like the early colonist, the early homœopaths had to gather for worship with their weapons in their hands, and this necessity is not yet superfluous. Having an untiring and an unscrupulous enemy, we, the children of our pioneers, must sleep on our arms. Let us but relax our vigilance, and our enemy will have bound us hand and foot. We are of necessity soldiers, and more acquainted with the clash of arms than with the quiet of the cloister, where meditation dwells. This spirit militant is unhappily more at home in the camp than in the cloister, and, as unhappily, fitter for a campaign than for a research. It is, too, this spirit militant which makes it so easy for us to follow leaders, and if our leader be a Devil-sent, whither can we go save hellwards?

We must then become a *landwehr*, cultivating all the arts of peace in the quiet of our homes, but ready for war whenever that must be. In the quiet of our homes we must enter upon a generous and large-souled rivalry with all physicians in all that pertains to Science. We know that in Therapeutics we are lending, not borrowing; we must admit that in all else we are borrowing and not lending. This the younger and the better of our Medical Societies are discerning, and notably the *Medico-Chirurgical*, and by this sign they will conquer. Let us be just. We have grown all in one direction, and however pleasing this one-sidedness may be to us, it is a deformity to others. This we must correct; we

must round-out into all the proportions of the PHYSICIAN.

In these younger and newer Societies our pioneers hear forms of speech, and find methods of thought to which they are all unused, and these are to them as the worship of those who have bowed the knee to Baal. Most pitiful of misconceptions: they cannot recognize the rising sun; they do not hail with gladness the dawning of a new day. Nobly and well have these old ones fought, and without them there were no inheritance, and we must reverence them while memory lasts; but, while they were fighting for their one great truth, all truth was widening its domain; forward and forward went the surveyor's flag, and Science followed to occupy the *terra incognita* of earlier days. *That flag must be followed, for following it alone is progress.*

Because these younger Societies have divined the secret of all progress, the watchman on our battlements can hail the coming day with a cheery "All is well!"

It is devoutly to be hoped that they in whom is our trust will be found faithful to all that trust includes. They must drive out the money-changers who now defile the temple of Science, and with indignant stripes. They must see that the laurel wreath is not worn by successful adventurers with all the impudence of insolent ignorance.

The *plaudite* of a learned profession should be an inheritance undefiled and *incorruptible* for the single hearted scholar whose earthly recompense is only and always the warm "Well done!" of those who alone can understand him and know him at his worth. He is the "knowing" one, the "able" one, the God-sent King whom not to know is shame unutterable, and not to crown is sin.

S. A. JONES.

ANN ARBOR, Nov. 5th.

OUR LONDON LETTER.

MESSRS. EDITORS:—In my last letter I gave you an account of the opening of the present session of the London School of Homœopathy. Your readers will be glad to learn that the fair promise of the opening day did not prove delusive. Fourteen students have entered their names on the lists, and though this may seem a ridiculously small number taken absolutely, relatively it possesses much more significance. It is a great increase on last year's attendance, and may fairly be taken as an indication that the rigid bonds of prejudice are cracking and becoming loose. The days are gone by when the student of medicine dare not cross the threshold of any institution called homœopathic before he had settled accounts with his examiners.

When we in this country speak of the "Old School" and "the new," the phrase does not convey exactly the idea that it does on your side of the water. You have actually two schools; we have only one. All students whatever their convictions, must pass through the same universities or colleges to become practitioners of medicine. All must study and be examined in the orthodox medicines before they can obtain a diploma. If they wish to practice homœopathy they must learn it as best they can. Those who have time and means may devote a session to the study of it at the School of Homœopathy. Those who have opportunity obtain an appointment at a homœopathic hospital or dispensary, and there study and practice it for themselves under the eye of a senior. Those who become convinced whilst they are in settled practice, learn and practice it as they can from books. With you the New School is an educating body granting licenses to practice, as well as a school of thought; with us it is the latter only. It has, it is true, from time to time exerted a teaching function, and its latest attempt is the most successful, but it has no power to grant degrees.

If the homœopaths of Great Britain were united as to the best means of founding a school to teach all branches

of medical science, and of obtaining from the government a charter for granting degrees, there is little doubt that such might be attained. Socially, homœopaths rank just as high as allopaths, and any such scheme would be strongly supported by lay homœopaths of great eminence and influence. But unfortunately, immunity does not reign in homœopathic counsels, and there is no one scheme for which all homœopathic practitioners would put in motion the influence which they command. Under these circumstances we must go on in the old slow way a little longer, make as many converts as we can, and demonstrate the superiority of our practice at the bedside and in our journals. We may hope, too, to leaven the practice of the Old School to some extent, and hasten the time when the two schools will become one by the gradual extinction of the old.

It is very difficult to give any definite idea of the standing of the homœopaths with regard to the allopaths in this country. It differs exceedingly in places, and with individuals. One has only to scan through the recent public utterances about homœopathy and homœopaths, and the comments on those utterances in the different medical journals to see the wide divergences that exist. Roughly, the *Lancet* may be taken to represent the feeling of the average G. P. (General Practitioner) and under, the *British Medical Journal* that of G. P.'s above the average; the *Ryde Addresses*, the feeling of the most enlightened and liberal-minded members of the profession in the Old School, while that of the highly enlightened but narrow-minded and pharisaical members—the larger number, alas!—may be exemplified by the surgeon who first maltreated a patient of Dr. Dudgeon, and then refused to meet the latter, and who has received in the last number of the *British Journal of Homœopathy* from the pen of Dr. Dudgeon the castigation he so richly deserves. Individual homœopaths are often on the friendliest terms with individual allopaths, but not one of the medical societies of London, and scarce one in the provinces would open its doors to a professed homœopath, though all are quite willing to admit homœopaths who are not above forswearing the name. But in spite of all, the standing of homœopathy is distinctly better than it was a short time ago. It is not now mentioned in the schools only to be derided, and the more thoughtful amongst the younger men see through the shallow argument of its denouncers, and show a disposition to work the question out for themselves.

A few days ago a recent graduate of a Scotch University, conversing with one of his former preceptors, hinted that possibly he might not follow out precisely the lines of treatment he had been taught. He was met with the reply that it was of little consequence. In that city there was great freedom in those matters, and homœopaths and allopaths had free professional intercourse. "Do what seems to you best for your patient," he concluded, "only don't appear odd."

One of the sensations of the past week has been the issue of a summons against Professor Ferrier under the Vivisection Acts for experiments performed on monkeys which were exhibited at the International Congress. It appears that the leaders of the anti-vivisection movement ascertained that Professor Ferrier had obtained from the Home Secretary no license to perform the vivisections described at the Congress. Yesterday the case was tried, and it turns out that the actual experimenter was Professor Yeo, who possesses the necessary licenses and therefore the charge against Professor Ferrier, with whose name the experiments in question have always been connected, fell to the ground. The court was besieged by an enthusiastic crowd of medical students—howling philanthropists—determined that the cause of science and suffering humanity should not be hindered by sentimentalism if their lungs could prevent it. Their siege was in vain. Only a few found entrance, the doors being strongly guarded by police. The rest gave free vent to their feelings outside.

Ever since the International Congress, there has been a distinct tendency on the part of the medical world to go mad on the germ theory of disease. Just as antiseptic surgery is staggering under stunning blows, antiseptic medicine is lifting up its head. Germicide medicines are sought for every complaint, and means are to be taken to make the human body germ-proof. We are vaccinated several times over to be made small-pox-proof, and a similar process is confidently anticipated for protection against the other exanthemata. Nay, tubercle is now shown to be infectious, and the germs of it have been found, and so it is gravely hinted in one of the journals that we shall soon be "vaccinating" with cultivated tuberculous matter, to impart a mild form of that disease to our patients, thereby rendering them proof against it in the future. The number of lives that it is calculated will be saved if this theory proves true, is something prodigious. We shall soon have to think of colonizing the nearest planet. Possibly some man of light and reading may ere long discover that, though germs have something to do with many diseases, they are not the only or even the chief factor in all.

Yours fraternally,

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SOCIETY REPORTS.

THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY CO., PA.

DISCUSSION ON DISEASES OF THE MONTH—DECEMBER MEETING.

Dr. Cooper: Most of the diseases met with have been diphtheria, scarlet fever and typhoid fever. I have some of the latter under treatment from November, but no new cases.

I had a case of diphtheria of severe type, and also one of scarlet fever, both occurring in the same family. Convalescence is just now beginning in the latter case. In one case, a little girl from 5 to 6 years of age, the diphtheritic process threatened to attack the larynx. The patient was of that class which will take very little nourishment. She was weak, pale, with a slender pulse, and high fever at first; but later the fever lowered somewhat. The case improved, and the appetite returned in a moderate degree. But a relapse took place without any known cause, and the patient is now worse again. The pulse remained all the time slender and quick. This evening she was attacked with pain in the cardiac region, together with a tumultuous action of the heart. The pain is severe, and is further aggravated by a quick respiratory action; there is no soreness on pressure. *Kali bi.*, and *Phyt* seemed to control the early stages of the disease up to a certain point. When the laryngeal symptoms were more marked *Kaolin*^{ex} was given. The symptoms lightened and the membranous formations disappeared very soon. Whether it was the turning point in the disease, or the result of the medicine, I cannot say. It did not prevent the heart complication, and when this appeared I gave *Spieglin*. [The heart trouble improved but the child died from uræmic troubles.]

Dr. Hofmann: I had one case of recent vaccination followed by a severe attack of small-pox.

Scarlet fever and diphtheria have also been treated. One case of diphtheria was taken with the symptoms of membranous croup. The pulse was 140, temperature 105°. The case seemed to get better and the membrane lessened. The child certainly seemed better in every way when death suddenly ensued.

In a case of scarlet fever, where death occurred, there was a very offensive discharge from the nose. In another case, seen after the attendance of another phy-

sician, the pulse lowered and there seemed to be some reaction, but death occurred as in the other cases. All died in a state of apparent exhaustion.

I had a second case of diphtheria in the family where the child had the croupy symptoms. The pulse was 160, the temperature 105°. I gave *Arsen.* at first, then *Merc. iod.*, but soon changed to *Arsen. iod.* The child improved under this, and was still improving at my third visit; since then I have not heard from it.

In another family, where a child had died from diphtheria, superadded to scarlet fever, a younger child was attacked with diphtheria, apparently of severe form, and I gave this same remedy; relief has continued up to the present time.

I have also had a fatal case of phlegmonous erysipelas in a man 63 years of age. He had had an attack of dysentery about five weeks before, from which, however, he recovered, but without regaining strength. A few days ago I was called in and found a varicosis of the leg. This was followed by an erysipelatous condition, which extended to the groin, where abscesses formed. I applied poultices, and gave *Hepar Sulph.* I expected to open the abscesses, though with little hope that he would re-act in his weakened state. Delirium, however, came on, and he soon sank into a comatose state and died. I saw one case, that of a woman 73 years of age, where the sheaths of the muscles sloughed away, and yet recovery took place.

Dr. Willard: The case of diphtheria reported at the last meeting (see *TIMES*, p. 291) has recovered under the treatment then given. Careful attention has been paid to his diet, for I have found in very many cases that errors of diet often produce the fatal results which occur.

The principal severe disease during the month has been, with me, diphtheria. I was called to one case, succeeding another physician, and found the left tonsil coated, while the right was swollen with a bleeding surface but no coating. The pulse was feeble and the fever high. *Arsenicum* was given. On the next morning the left tonsil was clearer and the right was coated. There was some expectoration of a bloody character. In the afternoon there was vomiting; the discharge having a prune-juice character. I have noticed this in several other cases and never saw a child or grown person (with one exception) recover, when this condition was present. This child died the same as the rest. In another little patient, under treatment last spring, where the membrane was more especially located in the nostrils, and where there was a profuse discharge from the mouth and nose, convalescence set in and everything seemed most favorable. The tongue was clean, the temperature not abnormal, if anything it was rather below the normal than above, the pulse not quick, when this prune-juice vomiting occurred, and after an interval of a week the child died. I might remark in passing, that I have seen this same fatal symptom in cholera infantum. The exception referred to above, was in a case I was called to see about two years ago. A man had been taken suddenly, in the afternoon, with severe vomiting. He had vomited two pints of this prune-juice matter. He did not complain of any pain and was fully recovered next day. He was a drinking man and in this case I judged it to be extravasated blood from the stomach.

Dr. Hofmann: I would like to know how you will detect scarlatina in colored children. In one case my only guides were the quick pulse, 150, but especially the high temperature, 105.4°.

Dr. Willard: In cases as severe as so high a temperature would indicate, I think, you will always find signs of the disease upon the fauces. These signs consist of small reddish eruption-like spots scattered over the fauces.

Dr. Cooper: The symptoms ushering in scarlet fever, in the severe forms especially, are usually sufficiently marked for a diagnosis even before the eruption

appears. You cannot be absolutely certain and yet the high temperature, furred tongue, rapid pulse with occasional vomiting, and some slight soreness about the throat, which are nearly always present, will be very apt to bring up the idea of scarlet-fever. In the colored race you cannot see the coloration of the disease, but you can feel a roughness under the skin in many cases. There is also, as a general thing, an absence of perspiration.

Dr. Hofmann: I have seen many cases of gastric fever which simulated at the onset scarlet-fever. The pulse 140-150, high fever, vomiting, absence of moisture are all symptoms premonitory of scarlet-fever. I had a case with all these symptoms and I hesitated on the diagnosis, but next day the fever had subsided and the child soon recovered. The chief symptoms in gastric fever are, first, the condition of the tongue showing a stomach derangement, a slimy coating, not dry as in many other fevers, then the headache, sensitiveness of the stomach, high fever, very little thirst, with later an offensive diarrhoea. In some cases there is a delirium, but it is not severe.

Dr. McClelland: One of the chief diagnostic marks to my mind has always been the intermittent character of the fever. One part of the day the skin will be cool and moist, at another part burning hot; sometimes for a whole day there may not be any fever.

Dr. Bingaman: Diphtheria and scarlet-fever have been also my severest forms of disease. In one case of scarlet-fever in a child about four years old, there was a development of membrane in the throat. The parotid glands were very much enlarged and there was an offensive watery discharge from the mouth. When the membrane cleared off the tonsils looked as if portions had been gouged out of them. *Nitric ac.*, *Kali bi.* and *Phyt.* were the remedies used. Both of the parotid glands went on to suppuration and had to be lanced, and are now discharging freely. With this exception the child is doing well.

Dr. Anderson: I would like to report a case which has caused some doubt in my mind in regard to the diagnosis. An old lady about 60 years of age, has been sick for some time. When I first saw her, there was an intermit in the pulse at every third beat. She vomited everything which she ate. She may, at present, go for two days without vomiting, but on the third day it is certain to appear. The food taken will be vomited first and then a glairy mucus; the vomited matter is not sour. There is no tenderness over the stomach. When first examined the liver seemed contracted, hard, and knobby. I gave *Nux. com. tinct.*, and *Phos. low.* After taking these remedies the liver seemed to relax and flatten. I was away for a week and during that time she refused to take medicine or food. I saw her again yesterday and the liver had assumed the old shape. There is a natural stool about every third day. She does not complain of any pain. She was very much constipated before she began to take the *Nux.* The contracted mass is just below the ribs on the right side. *Nux.*, almost continually, alternated at times with *Phos.*, *Arsen.*, and *Antimon. tart.* have been the remedies.

Dr. McClelland: It is difficult to judge of a case from a distance, but it seems to me from the known histories of atrophied or hypertrophied livers we would scarcely expect to find the conditions come and go within a limited time, as described by the doctor. It seems to me that it is more likely to be an impaction in the intestines at this point. The liver has not the ability to "contract or roll up upon itself" while the intestine has. The constipated habit would direct attention also to this part of the digestive tract.

Dr. Childs: In a case coming under my care the patient complained of pain just above the groin on either side extending towards the bladder; the pain was more severe on the right side. He had been complaining for several days before I saw him. I ordered

rest and gave *Bryonia*. He was seen a day or two later (during my absence) by Drs. Bingaman and McClelland, when there was present abdominal tenderness, dry and brown tongue, restlessness, etc. *Rhus* was given and has been continued. The pulse was always below the normal, and the temperature about one half degree above the normal; there was very little thirst, and the appetite was poor. The bowels in the beginning moved every 48 hours, then he had for a few days one or two passages at night. The urine was slightly increased in color, but otherwise natural. His appetite is now better and he is improving. I have had several other cases with somewhat similar symptoms. It seemed to me to be a sub-acute peritonitis.

Dr. Scott: I would give another instance of the benefits of vaccination. I have been attending a child about 3 years old who had an attack of small-pox with a pretty free development of pustules. There were five children in the family, the oldest being about ten years old. All had been vaccinated when little and had good marks, with the exception of the one treated, and it would never take the vaccine virus.

Dr. Caruthers: Does vaccination when performed after exposure to small-pox modify or does it increase the severity of the disease? In one of the recent journals a statement was made that while it is safe enough to vaccinate within four to five days of exposure to infection, it is dangerous to do so after that, as it increases the severity of the disease. My experience has been opposed to this theory. In the case of a boy who had a severe attack of small-pox, as soon as I found what the disease was I vaccinated the other child, two years of age, and after a few days she had an eruption of a few, probably six or eight, pustules.

Drs. McClelland and Hofmann were in the habit of vaccinating at any and all times, and with favorable results.

Dr. Martin: I have seen vaccination take well, and small-pox follow with a fatal termination.

Dr. Edmundson had seen a similar case.

Dr. McClelland: The principle of vaccination is all right; it will modify small-pox. It is a similar remedy for small-pox. The virus of small-pox is, of course, a stronger poison, and if the disease is virulent in character it may overpower the vaccine virus and the patient die.

Dr. Cooper: I vaccinate at any time. There is an incubative stage of from 9-15 days after exposure to small-pox, and if you can get a take from your vaccine virus before the small-pox starts up, you will often hold it in check and nearly always modify its course. In one case I vaccinated ten days before the small-pox appeared. This was not a proper test for vaccination, yet the case was lighter by one-third than that of the sister who was taken sick just a few days before. In another case I vaccinated a nursing baby and when the crust was fully matured, the mother was taken with varioloid. The child still continued to nurse with the pustules right under its face and it never took the disease. When I go into a family where there is small-pox I make it a point to vaccinate all the family. I always have them come to my office if possible. I never lay the skin open in a room where there is small-pox, nor even in the house if I can help it.

Dr. McClelland reported the case of a man who had been vaccinated over one hundred times probably, and it never took till this year.

Dr. Hofmann reported a man 74 years old who had also taken it for the first time.

Attention was called to the numerous severe sores produced by the vaccination of the officials of the Board of Health, Dr. Edmundson reporting one case as likely to die.

Dr. Cooper: It is at all times very essential to know that your virus is fresh. Where a crust is carried for

four weeks or more it is apt to become semi-septic and may produce a severe sore. Sometimes even the free opening of the skin produces a severe wound in some persons. In such cases you do not get a true vaccine pustule, and consequently no protection against small-pox. I look out for fresh matter and use small scratches. (T. M. S.)

ANATOMICAL SOCIETY OF ALLEGHENY COUNTY, PA. At a regular meeting of the society held in October, the following officers were elected to serve for the ensuing year: Pres't Dr. J. H. McClelland; Sec'y and Treas'r, Dr. W. J. Martin; Demonstrator, Dr. C. H. Hofmann. At the meeting held in November, Dr. McClelland delivered his inaugural address, and made several valuable suggestions for the further advancement of the usefulness of the society. The lectures (12) to be delivered during the coming year are to be upon the subject of morbid anatomy. At each meeting the demonstrator is expected to present a résumé of the progress of anatomical researches as may from time to time be found in the current literature.

Dr. McClelland called attention to a pathological specimen consisting of a mass of tangled hairs attached to a small cutaneous-like mass, resembling the skin covering the cranium. The specimen had been detached from the wall of the bladder by the aid of the finger passed through the urethra (not difficult in this case in consequence of previous dilatations). The hair protruding from the urethra first called attention to the presence of the foreign body; the patient had been a sufferer from cystitis for many years.

After adjournment the members of the society and invited guests were handsomely entertained by the President elect. (T. M. S.)

THE HOMOEOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY, PA.—Officers for 1882: President, Dr. J. F. Cooper; Vice-President, C. F. Bingham; Secretary, T. M. Strong; Treasurer, J. B. McClelland; Censors, Drs. L. M. Rousseau, L. H. Willard, W. J. Martin.

THE PITTSBURGH MICROSCOPICAL SOCIETY. Organized 1881: President, Dr. W. H. Winslow; Vice-President, R. E. Caruthers; Secretary, T. M. Strong; Treasurer, S. C. Scott.

TRANSLATIONS, GLEANINGS, ETC.

VACCINATION IN INDIA.—Although the epidemic of small-pox visited the north-western provinces of India in a fearful manner, causing 58,000 deaths in the single year of 1878, all attempts at introducing vaccination as a protective measure were resisted by the superstitious natives. They looked upon small-pox as a visitation from a deity, called by them Sitta, whose anger had to be appeased with special sacrifices and plagues. In spite of all this, however, vaccination, although under peculiar circumstances, was gradually introduced among the natives. The Thakens, a tribe that still practice infanticide to a horrible extent, first allowed their female children to be vaccinated, being convinced of its fatal termination, and hoping thereby to get rid of this superfluous progeny. All the sons, however, were carefully guarded. Small-pox broke out in four of their villages a short time afterwards, which carried off nearly all the boys, whilst the girls escaped the disease. This unlooked-for termination induced the natives to resort to the opposite practice, compelling the boys to be vaccinated, whilst the girls were left unprotected. Besides this, a large number of cases were observed where children were concealed by their families from the vaccinators; in almost all instances these died, whilst those vaccinated escaped small-pox.—*Allgem. Deutsche Zeit. f. Brasil.*

UTERINE RHEUMATISM.—Dr. Julia H. Smith, in *Med. Counselor*, Oct 26, calls attention to this complaint, of which she has found that very little is said in gynecological text-books. In answer to the question, "How shall we recognize it?" she differentiates as follows:

NEURALGIA IN UTERUS.	METRITIS ACUTE.	UTERINE RHEUMATISM.
Pain. —Inconstant, shifting, relieved by pressure and heat.	Pain. —Steady, deep-seated, circumscribed patient calls it a bruising pain; increased by pressure.	Invasion. —Slow. Pain. —Localized, and steady; made worse by motion, even by breathing or coughing. If "above umbilicus, shows rheumatism of fundus; lower down, then the disease is in the body, and when shooting into the vagina, it is in the neck."— <i>Caz. comp.</i>
Fever. —None.	Fever. —Violent, sometimes ushered in by a sharp chill.	Fever. —Slight.
Pulse. —Nearly normal.	Pulse. —Very rapid.	Pulse. —Somewhat accelerated.
Skin. —Moist and cool.		
Urine. —Increased in quantity; colorless.	Urine. —High-colored and scant.	Urine. —Dark, acid, loaded with lithates.
Abdomen. —Normal.	Abdomen. —Swollen.	Abdomen. —Normal, pressure is enduring; heat does not always relieve.
Examination. —May be made without pain; discovers no local lesion.	Examination. —Exquisitely painful; womb swollen; not tender; dry.	Examination. —Shows normal uterus and is not very painful.
Mental Symptoms. —Hysterical.	Mental Symptoms. —Patient is distressed fears death.	
Relief sudden. Liable to recur.	Disease runs regular course, resulting sometimes in abscesses in the uterus, oftentimes in chronic metritis.	Disease yields to remedies, and, save in persons of rheumatic diathesis, not apt to recur.

Remedies which have served Dr. Smith well are: *Rhus rad* 3x (her main defense against uterine rheumatism); *Cimicifuga*, 2x; *Colchicum*, 3x, and *Salicylate of Soda*, 15 grains, made into five powders and given in twenty-four hours.

TARTAR EMETIC IN ORCHITIS. (*L'Art Medical.*)—Dr. Imbert-Gourbeyre calls attention to a remark, previously quoted by him, of a German physician who says: *Tartar emetic* in emetic doses is the surest means for cutting short an orchitis due to blennorrhagia, and there is nothing better for the narrowing of the urethra than the same medicines in small doses continued for several weeks. In connection with this the doctor gives the following: X—on entering a bath made a false movement, and instantly felt an acute pain in one of the testicles, which was followed promptly by swelling and epididymitis; in two days there was marked tumefaction and intense pain. Treatment *pro re nata* failed to relieve. He was then put on *Tartar emetic*, 1c. g. in a glass of water, and given a teaspoonful every two hours. The pain disappeared within a few hours, and resolution was prompt.

Some years later I obtained the same result in a case almost identical.—*Revue Homœop.* T. M. S.

MODIFICATION OF THE RESECTION OF THE LOWER EXTREMITY OF THE TIBIA AND FIBULA.—M. Polailon (*Le Prog. Med.*) gives the following procedures: 1. Sub-peritoneal resection, with the chain-saw or chisel, of a segment of the fibula, above the external malleolus, which is left attached to the astragalus and calcaneum; 2. removal of the periosteum from the lower extremity of the tibia and luxation of the foot outwards; section of the articulating end of the tibia; 4. scraping or section of the articular surface of the astragalus and replacement of the foot in its normal position. T. M. S.

SKEPTICISM IN MEDICINE.—According to the late Maurice Raynaud, in his address read before the International Medical Congress, skeptics and conservatives, so-called in the ranks of the profession, present no points of difference. They are both such through two powerful tendencies of the human mind, tendencies which, allowed to assert themselves, are the greatest foes to progress, viz., slothfulness and vanity. It is not pleasant to work, and with rare exceptions, men work simply because they are obliged to. This is true of mental equally with physical effort. Progress in medical affairs necessitates the overcoming of the tendency to mental idleness particularly, but it requires effort to overcome it, and where men may live and prosper financially without this effort, they are averse to making it. It is much easier to condemn than to disprove. The former requires neither knowledge nor effort, the latter requires a thorough knowledge of the thing to be disproved, and requires that its claims shall be put to the necessary tests. The conservative skeptics of to-day are usually those who stop with condemnation, making no effort to disprove, and so it always has been. It required half a century for the circulation of the blood to be admitted without contest, during which time the new doctrine encountered that form of skepticism which is now known under the name of conservatism—a persistent shutting of the eyes to evidence and combatting by the sole weapon of dialectics the best established facts.—*Therapeutic Gaz., Oct.*

TINCTURÆ EX HERBIS RECENTIBUS.—There seems to be a growing demand among physicians for certain tinctures prepared from fresh plants. Some of the latter are of such a nature that effective preparations cannot be made from the dried plants, because, during the drying some active volatile substances are lost, or some other constituent altered or destroyed. In the case of others, no tangible chemical or physical cause can be adduced for the preference given to preparations made from fresh material, except the statements of medical practitioners as to the therapeutic effect. While the propriety of recognizing these preparations in the pharmacopœia is a question to be decided rather by the medical profession, it will be sufficient to suggest a formula by which they may be uniformly made. It is proposed to employ the proportions most usually followed, namely, 1 part of the fresh drug and 2 parts of Alcohol, the amount of moisture in the drug reducing the latter more or less in each instance.—*Pacific M. & S. Journ., Aug., 1881.*

[Our colleague is respectfully referred to the "Homœopathic Pharmacopœia," where will be found a similar mode described.—Eds.]

KOUMISS.—Only of mare's milk, and that only of mares fed on steppe grass, is it possible to make *Koumiss*. Cow's milk is too rich, so is even the milk of European mares; in fact, the best milk makes the worst *Koumiss*. The comparatively large quantity of fat in cow's milk is fatal, as it favors *butyrous*, and interferes with *cinous*, fermentation. According to analysis, the proportion of nitrogenous matters and fixed salts in 1,000 parts of mare's milk, women's milk and cow's milk are as 21, 22, 43; of fat, 14, 29, 38; and of milk sugar, 57, 64, 45. It will be thus seen that mare's milk approaches most nearly to women's milk, and when transformed by fermentation into *Koumiss* is even more easily and rapidly digested than the human secretion. It is this which enables Tartars and others to drink the enormous quantity of *Koumiss* which they are accustomed to take.—*Dr. G. L. Carrick, Lond. Athenæum.*

OVARIOTOMY AND PREGNANCY.—Dr. Galabin, of Guy's Hospital, records a case of ovariectomy during the sixth month of pregnancy without interruption of gestation—a very unusual, perhaps unique, result.

TREATMENT OF ASTHMA BY ELECTRICITY.—Dr. Max Schaeffer (translation in *Louisville Med. News*), considers that the best remedy for cutting short an asthmatic attack is the local application of the induced current, which often causes the attack to disappear as if by magic, and is much more efficient than the pneumatic apparatus. According as the seat of the disease appears to be in the higher or lower parts of the nerve, the author applies the electrodes to both sides of the neck, under the lower jaw, about three-quarters of an inch in front of its angle, or opposite the thyroid cartilage in front of the sterno-mastoid. The currents must not be too feeble; the patient must clearly perceive that the current goes straight through the soft palate or through the larynx. When the attacks are violent the current should be applied for a quarter or half an hour at least twice daily. As recovery takes place, the applications may be shortened until they are at length made only once or twice a week. He rarely applied direct faradization, and found no good from the constant current.

IGNATIA IN CEPHALALGIA. (Dr. Urbanetti, *Revue Homœop.*)—A woman 28 years of age, large, spare, habit, menses regular, and mother of three healthy children. This patient was suddenly attacked after her marriage, now eight years, with cephalalgia, which was without an assignable cause. At first the attacks appeared every month, then twice a month, but lately every Friday regularly. The paroxysms were severe, confined the patient to the bed, and were aggravated by the least ray of light; these conditions lasted from 12 to 24 hours. Old school remedies had been tried in vain. Observing that the pain started from the vertex and extended to the root of the nose, together with the periodicity, and the fact of the patient being of a nervous temperament, but of a mild disposition, *Ignatia*¹² was given. On the following Friday the paroxysm returned in a more violent form, but was of shorter duration; the dullness and dizziness which usually remained for several days after the attack did not appear. On the following week there was a slight return, but after that an entire cessation. T. M. S.

CHIT-CHAT OF AN OLD PHYSICIAN.—I celebrated, when in my twenty-ninth year, the jubilee at Coethen, on the 10th of August, 1829. And as I believe, of all those, who, with lighted pipes in those evening hours sat around our honored guest amid the garden foliage, I am the only one living. Only two remarks (of Hahnemann's) still remain in my memory. In Vol. IV. of the *Materia Medica Pura*, edition of 1825, Hahnemann recommended *Sulph.*, 2nd trituration. Where he had recommended the tincture of *Sulph.*, I cannot now remember. We used it, however, at that time. Speaking of *Sulphur* on that evening, he said, potentize the tincture to the 30th, and you will rejoice at the result. I followed his advice, and found it confirmed, and have, for many years employed that preparation, with blessed effects. As he spoke of the bad effects of severe mental labor, he said if I needed help I should smell at a vial of pellets medicated with *Staphisagria*; it helped me.—*Von Rueckert, from A. H. G.*

NITRITE OF AMYL AS A DISINFECTANT FOR URINE.—Remarkable disinfectant properties are attributed to the *Nitrite of Amyl* by Dr. Weiser (*Rihert de Pharmacie*). As yet, however, this quality has only been tested in relation to the urine. On account of this alleged disinfectant action the drug has been applied locally in chronic catarrh of the bladder. Satisfactory results were thus obtained. Three drops of the nitrite were mixed with an ounce of warm water, and the fluid injected twice daily into the bladder. For the disinfection and preservation of urine, *Nitrite of Amyl* is also claimed to be preferable to carbolic acid.

LONG MENSTRUATION.—Dr. E. W. Lane, of Scarborough, Ga., reports for the *Medical Summary*, July, 1881, a case which has been under his observation for twenty-five years. A lady married in 1830, then twenty-one years of age. Suffered occasionally from hysteria, otherwise had excellent health. She commenced to menstruate when about fourteen years of age and continued to menstruate regularly until 1878, at which time she was in her sixty-ninth year. Then her menses became irregular, sometimes missing two or three months, and at other times coming on too often. This irregularity continued until 1880, when the menses stopped entirely. Dropsy set in, and in April last, when seventy-one years of age, she died, having menstruated regularly fifty-five years of her life. A thorough examination disclosed nothing unusual in her genital organs.

FATAL POISONING FROM CARBOLIC ACID.—Dr. Chew reported the case of a druggist who took by mistake half an ounce of pure carbolic acid. A stomach-pump and emetics were resorted to about a quarter of an hour after the accident, but there was no vomiting. The patient was pulseless and comatose for several hours, then rallied and lived five days. Symptoms of blood-poisoning were present. The patient died from asthenia. The urine examined on the second day presented nothing abnormal. Swallowing was possible on the day of death, although accompanied with pain. Three weeks after death the body, which had been placed in a vault, was in a state of complete preservation, without the least odor or sign of decomposition.—*Maryland Med. Journal*, Aug. 1, 1881.

POISONOUS FEEDING BOTTLES. A municipal laboratory was not long since opened to the public in Paris, and many of its revelations have been as curious and unexpected as they promise to be useful. The most important discovery made was the presence in the nipples of some feeding bottles of a mass of vegetation, or of a cryptogamic nature, which, according to Dr. Faurel, bears a great analogy to the aphthous condition of the mouth frequently found in infancy, and he has induced the Academy of Medicine to investigate the matter, as he believes the condition referred to to be the origin of the intestinal affections, and particularly that form called "athrepsia," to which infants brought up by the bottle are subject.—*M. & S. Rep.*

CARE OF THE NEWLY-BORN.—Dr. J. G. Stokes strongly objects to the infant umbilical bandage, as it is contrary to nature, troublesome, inconvenient, and offensive; interferes with abdominal respiration and with the circulation of the lower half of the child, and is apt to drag upon the umbilicus; and Dr. W. J. Craigen as strongly urges that the new-born child shall be neither washed, dressed, fed nor bandaged. As soon as it is born it is placed on its right side, the cord divided by nicking with dull scissors, and, sometimes—not always—tied, the body anointed with lard, the face wiped with a damp towel, a napkin applied to the hips, a loose flannel gown, and next a blanket, thrown around it. In twenty-four or thirty-six hours it is given its first washing and returned to its flannel dress. On the dropping of the cord, it is given to the nurse to dress as she pleases.

A SURE CURE FOR SINGULTUS.—*Le Scalpel* (Dec. 5, 1880), gives a very easy cure for a continued singultus, sometimes complicated with spasm of the glottis, introduced by Rostan and highly recommended by De Chillaye of Mons. It consists in placing the hand flat upon the epigastrium, immediately below the ensiform cartilage, and making firm pressure. Should this prove unsuccessful, place a firm roll of muslin on the same place, securing it by a napkin bound firmly around. In an hour this may be removed and it will be found that the hiccough has entirely disappeared.

HEADACHE AND NERVOUS EXHAUSTION.—Edward W. Hill, M. D. [After giving cases bearing on the subject, the writer concludes]: 1. That headache, whether habitual or periodic, is, in the great majority of cases, due to eye-strain. 2. Eye-strain, when it exists, will always cause the following train of symptoms: pain in front or back of head; pain along the spine; nausea; insomnia; nervous irritability, nervous prostration, and often the following: neuralgia of the head and face; palpitation of the heart, and a tonic dyspepsia; all of which are not cured, but only relieved by drugs. But remove the strain, either by glasses or prism treatment, or both, and you cure the patient.—*M. & S. Reporter*, Philadelphia, July 23.

FOOD FOR INFANTS.—The French Commissioners on the Hygiene of Infancy, in awarding the prize in a competition of essayists, report that the conclusions generally arrived at lead to the following recommendations: no child should be reared on artificial food when the mother can suckle it, but such food is preferable to placing the child with a wet nurse, poorly remunerated, and living at her own home. For successfully bringing up an infant by hand, the best milk is that of a cow that has recently calved, or similarly of a goat, to which should be added during the first week a half part of water, and subsequently a fourth or less, according to the digestive powers of the child. Glass or earthenware alone should be used; no vulcanized india rubber mouth-pieces or vessels containing lead ought to be employed.

ON THE INCISION IN THE OPERATION FOR STRANGULATED HERNIA.—Mr. Paul Swain, in a paper on this operation, objects to the usual practice (*British Med. Journal*—*Cincinnati Lancet and Clinic*). After the first incision through the skin, a bit of tissue is pinched up with the forceps and nicked with the scalpel so that a director can be introduced under the tissue which is then divided by the scalpel, but unless the scalpel be very sharp the tissues recede before it, and it is very difficult to keep the deeper incisions as large as the superficial one. The scalpel is also very apt to slip off the director. Mr. Swain uses, instead of the scalpel and director, the blunt curved scissors used for extirpation of the eye-ball, and finds that the operation can thus be performed with greater rapidity, neatness and safety.

COW-POX AND HORSE-POX.—Mr. Joseph Hands, who writes of himself some sixty years ago, when a pupil of Dr. E. Jenner, the originator of vaccination, has issued a pamphlet in which he revives the seeming paradox, that cow-pox is not in fact cow-pox, but horse-pox transmitted to and cultivated on the bovine race, and that it is high time we sought to renew our stocks of vaccine lymph from the original source—that is, from the horse, and that the protectiveness against small-pox is of much higher and more persistent character when the lymph from horse-pox is used than that from cow-pox.—*Lond. Lancet*.

SILICEA IN ANAL FISTULE. (Dr. Mucci, *Il Dinamico*).—Dr. M. relates several cases, especially in children, where abscesses forming at the anus, were opened, and an outlet given for a discharge of pus. The pus soon assumed a serous form, and the abscesses on exploration were found to present fistulous tracks, extending towards the rectum. *Silicea* was given internally, and the fistules washed with silicated water. Permanent relief followed in every case in from four to six weeks.—*Revue Homœop.* T. M. S.

CHLOROFORM IN COD-LIVER OIL.—Dr. Haeger states that the addition of four drops of *Chloroform* to the ounce of cod-liver oil renders it perfectly agreeable and palatable to take, without in the slightest degree impairing its therapeutical value. *Pacific Med. & Surg. Journal*, July, 1881.

Dr. J. H. McCLELLAND, in his Presidential address before the Pennsylvania Society, most wisely calls attention to "The Sanitary Inspection of Public Schools." He claims, with truth, we think, that much of the ill health of both teachers and scholars is due to defective hygienic surroundings of the school room, and calls upon the State Board of Health for supervision.

We would suggest this field of labor to our own efficient Board of Health, and we can assure the members that their efforts in this behalf will be appreciated by all hygienists.

He also asked the Society to relieve its President from restriction in the selection of a topic for his annual address—a point which we discussed at length in these columns regarding the American Institute, several years since, and the truth of which, we hope, is beginning to be felt.

We believe that this restrictive resolution was born of Darwinian parents, and as even Darwin believed in progressive development, we need not fear offence if we ask to call things by their right names, for he did not attempt to call an ape a man, although he may have been obliged to acknowledge the converse sometimes as apparent.

It would be better to withdraw the restrictive resolution, even at the risk of an occasional offensive Presidential address, although great freedom should be allowed in the selection of subjects, and perhaps this course might lead to the exercise of greater care in the selection of orators!

PUT YOURSELF IN OUR PLACE.—If our subscribers who are in arrears in their dues, will imagine themselves in our place for a moment, they will appreciate the position exactly, and will at once send their postal orders. What would be the estimation in which a physician would hold a patient who utterly disregarded for months the frequent reminder in the shape of a quarterly statement? Think on these things and govern yourself accordingly, for it is just as necessary for our printer to be paid as for your butcher!

We shall certainly stop sending the journal to such as are largely behind in payment, and place their accounts in a process of collection which will add costs!

QUEER COMMENDATION.—One of our western exchanges, in its account of the Sixth Annual Commencement of the Michigan University, Homoeopathic Department, thus delineates the heroes of the day:

"A prouder or happier class never stepped upon the platform of the University. They were universally commended by the audience for the *neatness of their attire* and intelligent appearance. The great university may well be proud of such alumni."

All this enthusiasm because the young gentlemen had taken a little extra pains with their dress on such an occasion, and looked as if they knew something!

Dr. S. H. TALCOTT, of the Middletown Asylum, N. Y., and Dr. Samuel Worcester, of Salem, Mass., both summoned as experts for the defense of Guiteau, have been compelled with others, after hearing the testimony in the case and examining the prisoner carefully, to testify to his sanity, and consequently to the responsibility for the act of assassination. It is a credit to "our school" that we are able to furnish two such eminent and reliable witnesses in so important a trial.

A SOCIETY has been formed at Pittsburg for the study of, and improvement in microscopy. Any person is eligible who desires to pursue this line of study. The membership at present is composed of Drs. Winslow, Ferson, Caruthers, C. H. Hofmann, Scott, S. F. Shannon and Strong. The members hope to make the society profitable to themselves and beneficial to the profession.

TREATMENT OF HEMORRHOIDS BY FORCED DILATATION.—Junque (*Thèse de Paris* N. 389) comes to the following conclusion: 1. The contraction of the muscular element at the end of the rectum plays an important part in the aetiology of hemorrhoids, hence the contracture must be attacked. 2. Forced dilatation is the most energetic and at the same time the least injurious means. 3. In some cases dilatation must be repeatedly performed. 4. Dilatation must be made with the aid of a speculum and slowly, not with the fingers, which might cause a fissure. 5. The cure is radical, though relapses may follow. 6. No untoward accidents ever happen or follow.—*Allg. Med. Central Zeit.*, 32, 1881.

SPEAKING about the character of the attendants of a sick person, Dr. J. M. Fothergill says: A pious widow, with dyspepsia and strong religious convictions, is a ghoul when illness is about. She sucks the life out of an invalid like a moral vampire. As life ebbs she is sustained, and when the invalid has passed the portals of another world she goes away edified, strengthened and encouraged in her murderous mission, fully prepared to extinguish the lives of any number of relatives if ill luck should prostrate them upon the sick bed.

MOUTH WASH FOR TOBACCO-CONSUMERS.—C. Graham, M.D., Chicago, writes: Bromo-chloralum, 20 to 30 drops in a teaspoonful of water, forms an excellent deodorizing mouth wash where it becomes desirable to at once destroy the effect upon the breath of tobacco smoking or chewing. It acts like a charm—it being odorless itself, yet destroying instantly the after effect of the weed upon the breath.—*Am. Specialist*.

Dr. H. M. RICE, the pioneer physician of our school in San Bernardino, Southern California, has lately been elected coroner, over the best known allopath in the county, and he is also the Medical Superintendent of County Hospital, which attests in unmistakable terms, the Doctor's popularity as the representative of homoeopathy in that section of country.

At a recent meeting, the Massachusetts Hom. Medical Society declared the "aqueduct water in Boston offensive to the senses and injurious to health;" called upon the Water Board "to take immediate measures for its purification," and requested the City Government to provide the means for so doing.

OUR esteemed colleague Dr. C. B. Carrier, of San Francisco, we are pleased to note, is rapidly recovering from his recent severe illness, and has removed to 427 Geary St., where he will continue as a specialty the treatment of diseases of the throat and chest.

OUR readers will please bear in mind that they can very much aid us in keeping up the character of the journal, if they will send us their contributions in the way of interesting articles, notes, items, news, etc., for which we are always thankful.

THE BEST MEDICINES—Longfellow says that

"Joy, temperance, and repose
slam the door on the doctor's nose."

THE Am. Inst. of Homoeopathy will hold its next meeting June 13th 1882, at Indianapolis, Ind., instead of at Richmond, Va., as previously arranged.

THE N. Y. Ophthalmic Hospital reports for November: Number of prescriptions, 4,060; new patients, 527; patients resident, 22; average daily attendance, 170; largest, 237.